



**Inability to proceed to
RegionChampionships**

Name: _____

Centre: _____

Zone: _____

Region: _____

Registration No: _____

Age Group: U _____

Boy/Girl (please circle)

The following athlete will not be attending the Region Championships in the following events: -

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PLEASE ALSO LIST ANY EVENT THAT THE ATHLETE HASN'T QUALIFIED THROUGH IN AS AN AUTO QUALIFIER AS THEY **MAY** PROGRESS THROUGH AS A PERFORMANCE QUALIFIER

Signature of Athlete:

Signature of Parent/Guardian:

Date: