



APPLICATION FOR TRACK & FIELD
CHILDREN'S BEST PERFORMANCES

TO: Port Hills Athletics Club
P O Box 12-069
Beckenham
Christchurch 8242

Full name of athlete: _____

Grade: _____ Sex: _____

Date of Performance: _____

Venue of Performance: _____

Time or distance or height achieved: _____

Wind reading where applicable: _____

Previous Best Performance: _____

Official copy of the event results must be attached to this application

For Port Hills Athletics Club use.

Date application received: _____

Age verified: _____

Fully financial member of Club: _____

Performance approved: _____
