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| ***Enter Event Enter Date Enter Venue*** | | | |
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| **School Name** |  | |
| **Team Manager** |  | |
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| **Boys Team** | | |  |
| **Name** | **Date of Birth** | **Year Group** | **Member of an Athletics Club If Yes, Please list club** |
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| **Girls Team** |  |  |  |
| **Name** | **Date of Birth** | **Year Group** | **Member of an Athletics Club If Yes, Please list club** |
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| Scottish Athletics Logo**Please ensure that you bring this with you to the event.** | | | |