

NON STADIA TEAM DECLARATION FORM

This form is to be completed and signed by the Team Manager and handed into the Championship TIC at or before 5 pm on the day before the competition.

A signed and stamped copy with the time and date are to be retained by the LOC and the Team Manager.

All rules of Non Stadia Team Declaration are to be followed.

DO NOT FILL OUT THIS FORM IF YOUR COUNTRY HAS A NATURAL TEAM OF THREE ATHLETES IN THIS AGE GROUP.

| | |
|---------------|--|
| Date | |
| Gender | |
| Country | |
| Name of Event | |
| Event Number | |
| Date of Race | |

| | ATHLETES FULL NAME | BIB NUMBER | ORIGINAL AGE GROUP |
|----------|--------------------|------------|--------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Signed: _____

Title: _____ Cell/Mobile Phone Number _____

TIC Stamp/Time and Date:

Initials of TIC Officer

Done Initials of Hytek manager

One copy to LOC and One copy to Team Manager