

## 28th National Athletics Championship 2018, 25 - 27 October 2018, Male' PRELIMINARY ENTRY FORM



|             |
|-------------|
| <b>Team</b> |
|-------------|

|  |
|--|
|  |
|--|

**NUMBER OF PARTICIPANTS**

| Function         | Male | Female | Total |
|------------------|------|--------|-------|
| <b>Athletes</b>  |      |        | 0     |
| Team             |      |        | 0     |
| Veterans         |      |        | 0     |
| <b>Officials</b> |      |        |       |
| Team Leader      |      |        | 0     |
| Official         |      |        | 0     |
| Coach            |      |        | 0     |
| Medical          |      |        | 0     |
| <b>TOTAL</b>     | 0    | 0      | 0     |

This form must reach the Athletics Association of Maldives no later than:

Transmission by e-mail is preferable.

[mdv@mf.iaaf.org](mailto:mdv@mf.iaaf.org)

**04-October-2018**

*A team may nominate not more than two (3) competitors for each individual events;*

**Travel Details**

| Arrival         |  | Departure         |  |
|-----------------|--|-------------------|--|
| Date of Arrival |  | Date of Departure |  |
| Total Person(s) |  | Total Person(s)   |  |

**Number of Athlete(s) per event**

| Event | Men | Women |
|-------|-----|-------|
| 100m  |     |       |
| 200m  |     |       |
| 400m  |     |       |
| 800m  |     |       |
| 1500m |     |       |
| 5000m |     |       |
| 1000m |     |       |

**Number of Team(s) per event**

| Event       | Men | Women |
|-------------|-----|-------|
| 4x100 Relay |     |       |
| 4x400 Relay |     |       |

**Number of Athlete(s) per event**

| Event         | Men | Women |
|---------------|-----|-------|
| Long Jump     |     |       |
| High Jump     |     |       |
| Shot Put      |     |       |
| Discus Throw  |     |       |
| Javelin Throw |     |       |

**Number of Athlete(s) per event (VETERANS)**

| Event     | Men | Women |
|-----------|-----|-------|
| 100m      |     |       |
| 1500m     |     |       |
| 5000m     |     |       |
| Long Jump |     |       |
| Shot Put  |     |       |

**Contact Person**

|               |
|---------------|
|               |
| Name          |
| Mobile Number |

This form has been filled in and submitted by:

|             |
|-------------|
| Name        |
| Designation |
| Date        |