SCRATCHING FORM

Event Name

Please circle to indicate Gender, Age and Event athlete is scratching from.

Gender   **Age Group**

Men   Women   U13   U14   U15   U16   U17   U18   U20   OPEN

Event   U15P   U17P   U20P   OPENP

Shot   Discus   Hammer   Javelin   High Jump   Long Jump

Triple Jump   Pole Vault   Short   Long   Walk   Steeple
                               Hurdles   Hurdles

100m   200m   400m   800m   1500m   3000m

Athlete Name: _____

Athlete Number:_____ **Athlete State:** _____

Time Received by TIC: _____ **Date Received**: _____

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