

LITTLE ATHLETICS ASSOCIATION OF NEW SOUTH WALES INC.

DATE: _____

CENTRE: _____

NOTICE OF LOST REGISTRATION NUMBER

To be completed by the Registrar and forwarded to Little Athletics NSW before the closing date of the next Little Athletics Track and Field Meeting. Please forward the form **promptly**. Please ensure the **\$10 per lost number** is paid for all lost numbers by end of season 30 March 2024.

BSB 062 223 Acc 0080 3942 Ref: Centre name/regos

DETAILS OF THE ATHLETE/S:

SURNAME:		GIVEN NAME(S):	
AGE GROUP:	DOB:	BOY/GIRL:	
OLD REGISTRATION NUMBER	NEW REGISTRATION NUMBER		

SURNAME:		GIVEN NAME(S):	
AGE GROUP:	DOB:	BOY/GIRL:	
OLD REGISTRATION NUMBER	NEW REGISTRATION NUMBER		

SURNAME:		GIVEN NAME(S):	
AGE GROUP:	DOB:	BOY/GIRL:	
OLD REGISTRATION NUMBER	NEW REGISTRATION NUMBER		

I confirm that the above-named athlete/s have been issued with new registration numbers.

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Centre Registrar

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Date