32nd MIOMAC – MASTER LIST (to be filled in by states masters athletics associations and clubs)

MALE / FEMALE

NAMA OF ASSOCIATION / CLUB / COUNTRY : ……

TEAM MANAGER : …… Phone No. …… e mail add : ……..……,,……

No	Name of the participants	Date of Birth (dd/mm/yy)	Age Group	1st Event	2nd Event	3rd Event	4th Event	Entry fee	Remarks

Signature : …… **Date : ……..**

Name : ……