## <u>36<sup>th</sup> MIOMAC – MASTER LIST (to be filled in by states masters athletics associations and clubs</u>

## MALE / FEMALE

NAMA OF ASSOCIATION / CLUB :

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

No	Name of the participants	Date of Birth dd/mm/yy	Identity Card No. (No. KP)	Age Grp	1 <sup>st</sup> Event	2 <sup>nd</sup> Event	3 <sup>rd</sup> Event	4 <sup>th</sup> Event	Entry fee	Insura nce	Total amount/ Remarks

Signature : .....

Date : .....

Team Manager's Name : .....

This form must be sent together with the athletes' declaration forms and copies of their KP/passport.