

33rd 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	1 st Event	2 nd Event	3 rd Event	4 th Event	Entry fee	Remarks

Signature :

Date :

Name :