

**35<sup>th</sup> MIOMAC – MASTER LIST (to be filled in by states masters athletics associations and clubs)**

<b>MALE / FEMALE</b>
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**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.	Age Grp	1 <sup>st</sup> Event	2 <sup>nd</sup> Event	3 <sup>rd</sup> Event	4 <sup>th</sup> Event	Entry fee	Insur ance	Total amount/ Remarks

**Signature** : .....

**Date** : .....

**Team Manager Name** : .....