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 **Manchester Schools’ Quadkids Athletics Championships**

**ATHLETE REGISTRATION FORM**

**School Name:**

**Teacher:**

**Email: Mobile:**

|  |  |  |
| --- | --- | --- |
| Girls | 1 |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| Boys | 1 |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |

Please email a copy of the form to DOUG MARTIN

 Doug.Martin@whgs-academy.org