



Norwich and District open sportshall championships

Including open relay competition and CoNAC's own club sportshall championship

Saturday 7th March 2015 at Taverham High School

Supported by local businesses and organisations, the City of Norwich Athletic Club is pleased to announce its sixth 'open' Indoor Sportshall athletics competition for boys and girls for three age groups:

Note: Doors open 11.00, Open champs start at 12.00. You must register at Taverham no later than 11.30

- Under 11 as of Sept 1st 2014. School yrs 4, 5 & 6
- Under 13 as of Sept 1st 2014. School yrs 7 & 8
- Under 15 as of Sept 1st 2014. School yrs 9 & 10

Final places decided using combined scores from results of one run, one throw and one jump from the choice below. Run finals decided on times. Medals awarded for top three combined event scores in each age group.

Entries to be received no later than **Friday 13th February 2015**; sorry **no late entries and no entries on the day other than relay teams**. Send all entry slips and cheques made payable to 'CONAC' with a correctly priced stamped address envelope to: **Open/CONAC Championships c/o 6 Burlington Close, Palgrave, Diss IP22 1AU** or hand to Helen Stubbs or Louise Martin.

Relay teams can enter on the day. All athletes must be accompanied by a responsible adult for the duration of the event and wear appropriate shoes and clothing. Check www.conac.org.uk for updated timetable closer to the event.

In the event that you need to contact the organisers – CoNAC's SPORTSHALL CO-ORDINATORS are Helen Stubbs on 07708 579982 or Louise Martin or e-mail sportshall@conac.org.uk

Detach reply slip here

Individual Sportshall open championship entry

Entry fee £10.00 per athlete -- Please make cheque payable to City of Norwich A.C and return with this slip. Entries in individual championship receive a free commemorative championship T- shirt.

Tick Size req'd Child age 7/8 Child age 9/11 Child age 12/13 Adult small Adult medium

Participants' name Male Female

Age group Age (as of Sept 1st 2014) Date of Birth:.....

AddressPostcode:.....

Email address:.....

Contact and Medical Information

Please ensure that you have any medication your child may require with you at the event

Name of Parent/ Guardian/ Carer.....

Daytime Tel:.....Signature.....

Medical conditions the organisers should be aware of:

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Tick the three events you wish to compete in. One run, one jump and one throw only:

- | | | |
|------------------------------------|---|---|
| 2 lap run <input type="checkbox"/> | Standing vertical jump <input type="checkbox"/> | Shot Putt (U13's & U15's only) <input type="checkbox"/> |
| or | or | or |
| 4 lap run <input type="checkbox"/> | Standing long jump <input type="checkbox"/> | Chest Push (U11's only) <input type="checkbox"/> |
| | or | or |
| | Speed bounce (jump) <input type="checkbox"/> | Foam Javelin (U11's only) <input type="checkbox"/> |