

STATE SUMMER GAMES PENTATHLON REGISTRATION FORM

Team Name: _____

Athlete Name: _____ Sex: M F

Medical Expiration Date: _____ (See enclosed Delegation Details Report)

Pentathlon

| | Minute | Seconds | Tenths |
|-----------------|--------|---------|--------|
| 400 M Dash..... | : | . | |

| | | | |
|-----------------|---|---|--|
| 100 M Dash..... | : | . | |
|-----------------|---|---|--|

| | Meters | Centimeter |
|------------------------|--------|------------|
| Running Long Jump..... | . | |

| | | |
|---------------|---|--|
| Shot Put..... | . | |
|---------------|---|--|

| | | |
|----------------|---|--|
| High Jump..... | . | |
|----------------|---|--|