NSW RACE WALKING CLUB

2025 Registration Form



Date:

Name:	 				MALKING	
Address:			Mobile No.:			
			Post Code:			
Date of Birth:/		_ Sex:	Male	/ Female	(please circle)	
Registered Club/Centre	:					
ANSW National Membe		LANSW Rego. No.:				
Athlete/Parent/Guardian E-	mail address:					
Parent/Guardian Name:			_ Mobil	e No.:		
Please join our Facebo Please cross this box	-		our phot	o published o	c for quick response on our Facebook group to abide by your request)	
Division you are competing in: (please circle) *Ages are the age you will be on 31st December 2025						
Long	Medium	S	hort		*16 years	
*14 ye	ears	*12 years		*10 years		
Are you available to represent our club at either or both of the Race Walking Federation Carnivals? (please circle)						
1. Canberra (June 2. Victoria (Aug/S			Yes Yes	No No		
Registration for the above eve	ents are comple	eted online, w	ith applic	cable fees, cl	oser to the carnivals.	
NSWRWC Registration Fee: (please circle)						
Walkers \$55		Co V, no weekly	_	thlete Walk	ers \$ 25	
Please bring this form to Walk (Only card or cash accepte	•	•	o-and-G	o reader, no	additional fee added!	