



CLIFTON CART CHALLENGE – Friday Oct 19th 2018 Cart Registration Form

School Name: _____

School contact: _____ Mobile No: _____

A SEPARATE FORM MUST BE COMPLETED FOR EACH PUSH CART ENTERED
(Please indicate all teams using this cart to assist with organisation of category heats)

CART NAME: _____

Team name: _____

Team manager: _____

Contact no: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Category (Please circle): Junior 4-5 / Junior 6-8 / Senior 9-12 / Opens

Team name: _____

Team manager: _____

Contact no: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Category (Please circle): Junior 4-5 / Junior 6-8 / Senior 9-12 / Opens



Clifton State High School

Achieving in every field

Team name: _____

Team manager: _____

Contact no: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Category (Please circle): Junior 4-5 / Junior 6-8 / Senior 9-12 / Opens

Team name: _____

Team manager: _____

Contact no: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Category (Please circle): Junior 4-5 / Junior 6-8 / Senior 9-12 / Opens

Team name: _____

Team manager: _____

Contact no: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Team member: _____

Category (Please circle): Junior 4-5 / Junior 6-8 / Senior 9-12 / Opens