

# 2014 AGE GROUP TRACK NATIONALS

## TEAM DETAILS



This form is to be completed and returned to [office@cyclingsouth.org.nz](mailto:office@cyclingsouth.org.nz) by **18 February 2014**

Centre name	
Team Manager's name	
Manager's mobile phone	
Coach's name	
Coach's Mobile Phone	
Team Accommodation	
Arrival Date	
Departure Date	
Team size	

Please designate any Pool riders for all Teams event with a (P)

### TEAM PURSUIT TEAM(s)

MU17	WU17
Team 1	Team 1
Team 2	Team 2

### TEAM SPRINT TEAM(s)

MU17	WU17	MM	MW
Team 1			
Team 2			