Application for Combined Team/Group Events

DO NOT use this form in place of a regular Group list. This is an application to combine with other schools/providers when you do not have enough members to meet the minimum requirements.

Event Name		Event No.		
School/Provider 1:				
School/Provider 2:				
School/Provider 3:				
In the places below please list the names and schools /HSSDs of all people competing in the Combined Team/				

In the places below, please list the names and schools/HSSPs of all people competing in the Combined Team/ Group event* Students may only register for group events if **all** team/group member names are known

7, 7, 5							
Name			School/H	ISSP			
Form submitted by:			School/HSSP				
. o			3011331/11331				



^{*}If more space is required, please attach a separate form with relevant information