

FORM C4 – Athlete Sport Registration / Short Track Speedskating, Page 1 of 2

(Please PRINT in ink using block letters or TYPE) This Registration is for (CHECK ONLY ONE BOX BELOW):	
Athlete Alternate (Substitute/Reserve) Athlete	
Delegation Name SO F	Region
Family Name First Name	MI
Gender Male Female	
Date of Birth	
DD MM Year	

NOTE: You can only select events in ONE Category

You must check each event(s) Athletes wishes to enter

CA	TE	CGO	RY	1								
Event Code						(Chec		Event Name	Qualification Time		
										min/sec/hrd		
S	S	0	2	5	M				25 Meter Straight Away Race	:		
S	S	0	5	5	M				55 Meter Half Lap Race	:		
S	S	1	1	1	M				111 Meter Race	:		
CA	CATEGORY 2											
Ev	ent	Cod	.e			(Che	ck	Event Name	Qualification Time		
S	S	1	1	1	M				111 Meter Race	:		
S	S	2	2	2	M				222 Meter Race	:		
S	S	3	3	3	M				333 Meter Race			
CA	CATEGORY 3											
Ev	ent	Cod	.e			(Che	ck	Event Name	Qualification Time		
										:		
S	S	2	2	2	M				222 Meter Race	:		
S	S	3	3	3	M				333 Meter Race	:		
S	S	5	0	0	M				500 Meter Race			
CA	CATEGORY 4											
Ev	ent	Cod	.e			(Che	ck	Event Name	Qualification Time		
S	S	3	3	3	M				333 Meter Race	:		
S	S	5	0	0	M				500 Meter Race	:		
S	S	7	7	7	M				777 Meter Race	:		



FORM C4 – Athlete Sport Registration / Speedskating, Page 2 of 2

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CATEGORY 5											
Event Code						Check			Event Name	Qualification Time	
S	S	5	0	0	M				500 Meter Race		
S	S	7	7	7	M				777 Meter Race		
S	S	1	0	0	0				1000 Meter Race		
CA	CATEGORY 6										
Event Code						(Che	ck	Event Name	Qualification Time	
S	S	7	7	7	M				777 Meter Race		
S	S	1	0	0	0				1000 Meter Race		
S	S	1	5	0	0				1500 Meter Race	:	