

Scratching Form

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| **Event:** | 2020 SLSNR Pool Championships |
| **Club:** |  |

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| **Event #** | **Event Name** | **M / F** | **Age Division** | **Competitor/Team Name** |
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Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_