Manual Entry Form

For Tiny Tots

2026 State Cross Country Championships

Athlete Name:

DOB:

Gender:

Email Address:

Phone Contact Number:

Parent Full Name:

Cost: $10

Please pay direct deposit to:

Account Name: South Australian Little Athletics Association

BSB: 065-131

Account Number: 00902904

Reference: XCOUNTRY followed by the athlete's surname. E.g., XCOUNTRYJONES

RETURN THIS FORM TO

events@salaa.org.au