# Late Slip for competitors involved in multple competitions at the same time 

If you have 2 competitions that clash, please fill in 2 slips - 1 for each competition and hand each slip to the clerk in both competition rooms who will make arrangmements as to when you should present in their room.
For 3 and 4 competiton clashes, please complete the appropriate number of slips as necessary for all rooms.
Please also provide the clerk in each room with a contact number so you can be reached

## Fleadh Late Slip

## Competitor Name:

| Competition Name and Age Group | Scheduled <br> Start Time | Your Place in <br> Running Order |
| :--- | :--- | :--- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Contact number for competitor or Parent/Guardian of Competitor:

## Fleadh Late Slip

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| Competition Name and Age Group | Scheduled <br> Start Time | Your Place in <br> Running Order |
| :--- | :--- | :--- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
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| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

[^0]
[^0]:    Contact number for competitor or Parent/Guardian of Competitor:

