

MANCHESTER AREA CROSS COUNTRY LEAGUE

2015/2016 SEASON EA Registration Ref: 2662520

In partnership with APTECO and supported by:
COLGATE-PALMOLIVE'S DENTAL HEALTH UNIT; THE WATERS WILMSLOW HALF MARATHON;
CITY OF MANCHESTER ATHLETICS and ATHLETE MATTERS

AFFILIATION FORM

Please complete and return this form by Monday 7th September 2015 to the Affiliations Co-ordinator: Julie Laverock, 55 Knightwood, Bolton BL3 4UU.

Club Registration Number: _____

Club Name: _____

Fee enclosed: £40. Cheque payable please to Manchester Area Cross Country League. The fee covers males and females, all categories.

Signed: _____

Name in block capitals please*: _____

Address: _____

_____ PC: _____

Email address: _____

Tel: _____ Date: _____

Are you the Club Contact for the coming Season? Yes ___ No ___

**IF YOU ARE NOT THE CLUB CONTACT FOR THE COMING SEASON, OR YOU WISH TO DESIGNATE A SECOND CONTACT, PLEASE COMPLETE PAGE TWO. [Clubs may have two contacts who will receive updates by email.]*

NON-HOST CLUBS – please indicate below which Match your Club would prefer to provide a helper. It would help allocation of duties if you could also indicate your second and third preferences should your preferred match be over-subscribed.

Match 1 - 10 Oct	Match 2 - 7 Nov	Match 3 - 5 Dec	Match 4 - 16 Jan	Match 5 - 13 Feb

Affiliation queries – please ring Julie on: 01204 660227 or email Julie at: julie.laverock@talk21.com or ring Brenda on: 0161-796 6310, email Brenda at: arnoldbradshaw@btinternet.com.

In partnership with APTECO; and supported by: COLGATE-PALMOLIVE'S DENTAL HEALTH UNIT, THE WATERS WILMSLOW HALF MARATHON, CITY OF MANCHESTER ATHLETICS and ATHLETE MATTERS

MACCL 2015/2016 SEASON *affiliation form continued*

** IF THE PERSON ON PAGE ONE IS NOT THE CLUB CONTACT FOR THE LEAGUE OR YOU WISH TO DESIGNATE A SECOND CONTACT, PLEASE COMPLETE THIS PAGE.*

CLUBS MAY DESIGNATE UP TO TWO CONTACTS WHO WILL RECEIVE UPDATES BY EMAIL.

Club Name: _____

Club Contact: _____
Name in block capitals please

Address: _____

_____ *PC:* _____

Email address: _____

Tel: _____ *Date:* _____

=====

Club Contact: _____
Name in block capitals please

Address: _____

_____ *PC:* _____

Email address: _____

Tel: _____ *Date:* _____

In partnership with APTECO; and supported by: COLGATE-PALMOLIVE'S DENTAL HEALTH UNIT, THE WATERS WILMSLOW HALF MARATHON, CITY OF MANCHESTER ATHLETICS and ATHLETE MATTERS