

MANCHESTER AREA CROSS COUNTRY LEAGUE

2014/2015 SEASON *EA Registration Ref: 2662520*

*In partnership with APTECO and CITY OF MANCHESTER ATHLETICS
Supported by THE WATERS® WILMSLOW HALF MARATHON
and COLGATE-PALMOLIVE'S DENTAL HEALTH UNIT*

AFFILIATION FORM

Please complete and return this form by the 26th September 2014 to the Entries & Affiliations Co-ordinator: Julie Laverock, 55 Knightswood, 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.]*

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.

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MACCL 2014/2015 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:* _____

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Club Contact: _____
Name in block capitals please

Address: _____
_____ *PC:* _____

Email address: _____

Tel: _____ *Date:* _____

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