

MANCHESTER AREA CROSS COUNTRY LEAGUE 2012/2013 SEASON

SPONSORED BY
CITY OF MANCHESTER ATHLETICS
and Colgate-Palmolive's Dental Health Unit

AFFILIATION FORM

Please complete and return this form by the 5 October 2012 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.

Signed: _____

Name in block capitals please*: _____

Address: _____

_____ PC: _____

Email address: _____

Telephone: _____ Date: _____

**IF YOU ARE NOT THE CLUB CONTACT FOR THE LEAGUE, PLEASE COMPLETE PAGE TWO. CLUBS MAY DESIGNATE UP TO TWO CONTACTS WHO WILL RECEIVE UPDATES.*

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

**IF YOU ARE NOT THE CLUB CONTACT FOR THE LEAGUE, 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: _____

Telephone: _____

Club Contact: _____
Name in block capitals please

Address: _____

PC: _____

Email address: _____

Telephone: _____