

MANCHESTER AREA CROSS COUNTRY LEAGUE

ENTRIES FOR 2012/2013 SEASON

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

CLUB NAME: _____

PLEASE ENTER BY RACE GROUP. LEAVE A GAP BETWEEN RACE GROUPS.

ENTITLE EACH AGE GROUP WITH RACE NAME, I.E. BOYS U11

**AGES FOR ALL AGE GROUPS EXCEPT VETS: AS OF 31ST AUGUST 2012; VETS AS OF MATCH ONE*

PLEASE ENTER ONLY THOSE YOU FEEL CONFIDENT WILL COMPETE – ADDITIONAL ENTRIES WILL BE ACCEPTED AS THE SEASON PROGRESSES. PLEASE SEND YOUR ENTRIES BY THE 5 OCTOBER 2012.

FOR LEAGUE USE	EA Number <i>must be completed</i>	FIRST NAME	LAST NAME	DOB	Age as of 31 Aug 2012 Except Vets = as of 20/10/12

Complete and send to: Entries & Affiliations Co-ordinator: Julie Laverock, 55 Knightswood, Bolton BL3 4UU. Telephone: 01204 660227. e-mail: julie.laverock@talk21.com. **PLEASE INCLUDE YOUR CLUB'S AFFILIATION FORM OR ADVISE IF IT'S BEEN SENT SEPARATELY:** ENCLOSED ____; SENT SEPARATELY ____.

Submitted by: _____ **Address:** _____

Post Code: _____

Contact Telephone: _____ **email:** _____

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ENTRIES FOR 2012/2013 SEASON - continuation

CLUB: _____ Page _____ of _____

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