

MANCHESTER AREA CCL - ENTRIES FOR 2014/2015 SEASON

In partnership with APTECO and CITY OF MANCHESTER ATHLETICS
 Supported by THE WATERS® WILMSLOW HALF MARATHON
 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 31/8/14; VETS AS OF MATCH ONE; PLEASE HELP US BY COMPLETING BOTH DOB & AGE – YOU'RE ONLY DOING IT FOR YOUR CLUB WHEREAS WE ARE CHECKING ALL ENTRIES! PLEASE ENTER ONLY THOSE YOU FEEL CONFIDENT WILL COMPETE – ADDITIONAL ENTRIES WILL BE ACCEPTED AS THE SEASON PROGRESSES. PLEASE SEND YOUR ENTRIES BY 26 SEPTEMBER 2014.**

<small>FOR LEAGUE USE</small>	<small>EA Number <i>must be completed</i></small>	<small>FIRST NAME</small>	<small>LAST NAME</small>	<small>DOB</small>	<small>Age as of 31 Aug 2014 Except Vets = as of 11/10/14</small>

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:** _____

MANCHESTER AREA CROSS COUNTRY LEAGUE

ENTRIES FOR 2014/2015 SEASON - continuation

CLUB: _____ Page _____ of _____

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