

MANCHESTER AREA CROSS COUNTRY LEAGUE ENTRIES FOR 2011/2012 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 2011; 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 12 OCTOBER 2011.*

| FOR LEAGUE USE | EA Number <i>must be completed</i> | FIRST NAME | LAST NAME | DOB | Age as of 31 Aug 2011 Except Vets = as of 22/10/11 |
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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 2011/2012 SEASON - continuation

CLUB: _____ Page _____ of _____

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