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 *must be completed*	FIRST NAME	LAST NAME	DOB	Age as of 31 Aug 2011 Except Vets = as of 22/10/11

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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