

# MANCHESTER AREA CROSS COUNTRY LEAGUE ENTRIES FOR 2013/2014 SEASON

In partnership with CITY OF MANCHESTER ATHLETICS  
and sponsored by 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 31/8/13; VETS AS OF MATCH ONE; PLEASE HELP US BY COMPLETING BOTH DOB & AGE - YOU'RE ONLY DOING IT FOR YOUR CLUB WHEREAS JULIE'S 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 4 OCTOBER 2013.***

<i>FOR LEAGUE USE</i>	EA Number <i>must be completed</i>	FIRST NAME	LAST NAME	DOB	Age as of 31 Aug 2013 Except Vets = as of 19/10/13

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:** \_\_\_\_\_

