

MANCHESTER AREA CROSS COUNTRY LEAGUE

2018/2019 SEASON *EA Registration Ref: 2662520*

*In partnership with Run North West and supported by: ATHLETE MATTERS,
CITY OF MANCHESTER ATHLETICS and COLGATE-PALMOLIVE'S DENTAL HEALTH UNIT*

AFFILIATION FORM

Please complete and return this form by **Monday 17th September 2018** to the Affiliations Co-ordinator: Julie Laverock, 55 Knightswood, Bolton BL3 4UU.

Club UKA Registration Number: _____

Club Name: _____

Fee enclosed: **£50**. Cheque payable please to *Manchester Area Cross Country League*. The fee covers males and females, all categories.

*Signed: _____

*Name of signatory in BLOCK CAPITALS: _____

Address [in BLOCK CAPITALS]: _____

_____ PC: _____

email address: _____

Tel: _____ Date: _____

Are you the Club Contact for the coming Season? Yes _____ No _____

IF YOU ARE NOT THE CLUB CONTACT FOR THE COMING SEASON, OR YOU WISH TO DESIGNATE A SECOND CONTACT, PLEASE COMPLETE THE RELEVANT SECTIONS OVERLEAF. [A maximum of 2 to receive updates by email.]

NON-HOST CLUBS MUST COMPLETE THE FOLLOWING TWO SECTIONS:

(1) Please indicate below which Match your Club would prefer to provide **one** helper. It would help allocation of duties if you could also indicate your second and third preferences should your preferred match be over-subscribed.

Match 1 – Oct 13	Match 2 – Nov 10	Match 3 – Dec 1	Match 4 – Jan 12	Match 5 – Feb 9

(2) Please indicate below which Match, if any, your Club would be able to provide a minimum of four volunteers to help the host club with course marking, marshalling and course dismantling. Again it would help if you could indicate your second and third preferences. (NB it doesn't have to be the same four people doing everything.)

Match 1–Oct 13	Match 2–Nov 10	Match 3–Dec 1	Match 4–Jan 12	Match 5–Feb 9	Not able

Any queries – please ring Julie on: 01204 660227 or email Julie at:
julie.laverock@gmail.com or ring Brenda on: 0161-796 6310 or
email Brenda at: arnoldbradshaw@btinternet.com.

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MACCL 2018/2019 SEASON *affiliation form continued.....*

CLUB NAME: _____

IF YOU ARE NOT THE CLUB CONTACT FOR THE COMING SEASON, PLEASE COMPLETE THIS SECTION:

First Club Contact: _____
*Name in **BLOCK CAPITALS** please*

Address: _____

_____ PC: _____

email address: _____

Tel: _____

IF YOU WISH TO DESIGNATE A SECOND CLUB CONTACT, PLEASE COMPLETE THIS SECTION:

Second Club Contact: _____
*Name in **BLOCK CAPITALS** please*

Address: _____

_____ PC: _____

email address: _____

Tel: _____

IMPORTANT: PLEASE ENSURE ONLY ONE FORM IS RETURNED FOR YOUR CLUB!

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