

# MANCHESTER AREA CROSS COUNTRY LEAGUE

**2016/2017 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 19<sup>th</sup> September 2016** to the Affiliations Co-ordinator: Julie Laverock, 55 Knightswood, Bolton BL3 4UU.

Club Registration Number: \_\_\_\_\_

Club Name: \_\_\_\_\_

Fee enclosed: £40. Cheque payable please to Manchester Area Cross Country League. The fee covers males and females, all categories.

Signed: \_\_\_\_\_

Name in block capitals please\*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ PC: \_\_\_\_\_

e-mail 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 PAGE TWO. [Clubs may have two contacts who will receive updates by email.]*

**NON-HOST CLUBS** – please indicate below which Match your Club would prefer to provide a 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 - 15 Oct	Match 2 - 12 Nov	Match 3 - 3 Dec	Match 4 - 14 Jan	Match 5 - 11 Feb

**NON-HOST CLUBS** – please indicate below which Match your Club would be prepared to co-host a match, i.e. help mark and dismantle the course on match day. Again it would help if you could indicate which match:

Match 1 - 15 Oct	Match 2 - 12 Nov	Match 3 - 3 Dec	Match 4 - 14 Jan	Match 5 - 11 Feb

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

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# MACCL 2016/2017 SEASON *affiliation form continued.....*

*\* IF THE PERSON ON PAGE ONE IS NOT THE CLUB CONTACT FOR THE LEAGUE OR YOU WISH TO DESIGNATE A SECOND CONTACT, PLEASE COMPLETE THIS PAGE.*

*CLUBS MAY DESIGNATE UP TO TWO CONTACTS WHO WILL RECEIVE UPDATES BY EMAIL.*

*Club Name:* \_\_\_\_\_

*Club Contact:* \_\_\_\_\_  
*Name in block capitals please*

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

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

*Email address:* \_\_\_\_\_

*Tel:* \_\_\_\_\_ *Date:* \_\_\_\_\_

=====

*Club Contact:* \_\_\_\_\_  
*Name in block capitals please*

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

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

*Email address:* \_\_\_\_\_

*Tel:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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