

# SOUTH OF THE THAMES CROSS COUNTRY ASSOCIATION ENTRY FORM

Name of Club \_\_\_\_\_ M/F \_\_\_\_\_

	Name	UKA Licence No.	Age on Race Day	Date of Birth
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Name and address of Team Manager \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_

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

Signature \_\_\_\_\_ Entry fee included for the sum of £ \_\_\_\_\_