

# Entry Form

(Please Print)



# Sunshine Coast Cross Country Series 2018

First name \_\_\_\_\_ Last name \_\_\_\_\_

Club (if applicable) \_\_\_\_\_ QLAA Centre \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Male / Female D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School (if applicable) \_\_\_\_\_

Please tick one box		u10	u12	u14	u16	u18		30-39	40+	50+	60+
<b>Ages are at 31 Dec 2018</b>	1km										
	2km										
	3km						14-29				
	4km					GIRLS ONLY					
	6km					BOYS ONLY	u40				
	10km						u40				

Signature of athlete: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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