

**Entry Form**  
(Please Print - NEATLY)



**Sunshine Coast  
Cross Country Series 2019**

First name:					Last name:				
Postal Address:							Post Code:		
Email:									
Phone: (H)					Mobile:				
Gender: (circle) <b>MALE</b> <b>FEMALE</b>					Date of Birth:        /        /				
MAROOCHY:    YES    NO			USCAC:    YES    NO						
QA, QMA, Qrun, LAQ:    YES    NO			Club name (if applicable)						

	u10	u12	u14	u16	u18	u40	30-39	40-49	50-59	60+
Please tick one box  <b>Ages are at 31 Dec 2019</b>	1km									
	2km									
	3km						14-29			
	4km					GIRLS ONLY				
	6km					BOYS ONLY				
	10km									

Athlete signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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