



Cross Country League 2015 Entry Form

SURNAME					
FORENAME					
ADDRESS				TELEPHONE	
				POST CODE	
Email				GIAAC member	Y / N
SEX (circle)	M F	AGE ON RACE DAY		D.O.B.	

Please enter me for the following races. I declare that I am medically fit to run and understand that I enter at my own risk. The organisers will not be held responsible for any injury, loss or damage caused as a result of my participation in the events.

Please tick

	£5.00 per race
	£20.00 Full series (6 races)
	£40.00 Full GIAAC membership till Sept 2015 (inc free 'domestic' level entry + £2 off all UK Licensed events (inc Easter/June Half) + entry to London Marathon Draw).

I enclose my entry fee of £.....(Cheques payable to GIAAC)