

# WEST MET XC CLUBS

SURNAME ..... FIRST ..... INT .....

POSTAL ADDRESS ..... SUBURB ..... Post Code .....

HOME PHONE ..... MOB .....

Email ..... @ .....

DOB > > > DAY ..... MONTH ..... YEAR .....

GEN > > > FEMALE **CIRCLE** MALE **CIRCLE**

CLUB ..... ANSW Rego No .....

www.westmetxcclubs                      LANSW Rego No .....

NOMINATE **ONE EVENT ONLY** please use **X**

|   |                   |             |                       |                     |
|---|-------------------|-------------|-----------------------|---------------------|
|   | <b>SHORT 2 km</b> |             | <b>MED 4/5 km</b>     | <b>LONG 8/10 km</b> |
| <b>EVENT &gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b> |                   |             |                       | <b>WOMEN 6 km</b>   |
| VENUE FEE   | AMOUNT PAID       |             | SEASON VENUE FEE      | BIB No RQD          |
| <b>SINGLE \$3-00</b>                              |                   |             | <b>SINGLE \$35-00</b> |                     |
| <b>FAMILY \$9-00</b>                              |                   |             | <b>FAMILY \$90-00</b> |                     |
| <b>SIGNED</b>                                     |                   | <b>DATE</b> |                       | <b>2017</b>         |

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