

WEST NET 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**..... **LANSW No**

NOMINATE ONE EVENT ONLY please use **X**

EVENT >> CROSS	SHORT 2 km	MED 4/5 km	LONG 8/10 km
			WOMEN 6 km
VENUE FEE	AMOUNT PAID	SEASON VENUE FEE	BIB No RQD
SINGLE \$3-00		SINGLE \$35-00	
FAMILY \$9-00		FAMILY \$90-00	
SIGNED			2018
DATE			

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