

**2016 CANADIAN CROSS COUNTRY CHAMPIONSHIPS
MASTERS CLUB TEAM DECLARATION FORM**

(Please print clearly)

(Refer to Notes on Teams on Page 6)

CLUB TEAM NAME: _____

COACH/CONTACT: _____

TELEPHONE NO.

WORK: _____ HOME: _____

FAX: _____

E-MAIL: _____

TEAMS

Masters Age Category: _____

Male _____ Female _____

Name	Age Group
1. _____	
2. _____	
3. _____	
4. _____	

Masters Age Category: _____

Male _____ Female _____

Name	Age Group
1. _____	
2. _____	
3. _____	
4. _____	

Masters Age Category: _____

Male _____ Female _____

Name	Age Group
1. _____	
2. _____	
3. _____	
4. _____	

Email completed forms to: nationalxcchampionships@gmail.com

Masters Team declaration deadline: 7:00 p.m. Thursday, November 24th