

**2017 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.	_____	_____

Masters Age Category: _____

Male _____ Female _____

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

Email completed forms to: mastersdeclarations@gmail.com
Masters Team declaration deadline: 7:00 p.m. Thursday, November 23rd