

**Entry Form**

**Rebel Sport - Sunshine Coast  
Cross Country Series - 2009**

Aboriginal/Torres Strait Islander  
YES / NO

First name \_\_\_\_\_ Last name \_\_\_\_\_

Club (if applicable) \_\_\_\_\_ QLAA Centre \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Male / Female D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School (if applicable) \_\_\_\_\_

		u10	u12	u14	u16	u18	OPEN	40+	55+
Please tick one box	1km								
	2km								
	3km								
	6km								
	12km							MALE ONLY	

Signature of athlete: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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