

<b>2024 Schools Cross Country Series</b>	
<b>Primary School Registration Form (Bulk entry)</b>	
<i>School Name:</i>	
<i>School Contact:</i>	
<i>Contact Details: (Email, phone)</i>	
(No. of teams ..... at \$75 per team) see Series Details for payment options	

TEAM NAME
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	First Name	Surname	Date of Birth	Age as at 31/12/24	Gender
1					
2					
3					
4					
5					

TEAM NAME
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	First Name	Surname	Date of Birth	Age as at 31/12/24	Gender
1					
2					
3					
4					
5					

TEAM NAME
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	First Name	Surname	Date of Birth	Age as at 31/12/24	Gender
1					
2					
3					
4					
5					

If your school has more than 3 teams, please duplicate this page