

2024 Schools Cross Country Series	
Secondary School Registration Form (Bulk entry)	
<i>School Name:</i>	
<i>School Contact:</i>	
<i>Contact Details: (Email, phone)</i>	
(No. of teams at \$45 per team) see Series Details for payment options	

TEAM NAME

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

TEAM NAME

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

TEAM NAME

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

TEAM NAME

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

If your school has more than 4 teams, please duplicate this page