



**MIDLAND COUNTIES ATHLETIC ASSOCIATION**

**WOMEN'S CROSS COUNTRY LEAGUE 2019 / 2020**



Club Name.....

**Intend / Does not intend to take part in the 2019/2020 season**

(Delete as appropriate)

Contact Name and email address for information to be promulgated to

**NAME..... (position held in club) .....**

**Email.....@.....**

**CLUB'S TREASURER'S Name (for invoice) .....**

**Email address.....@.....**

**Form to be returned to MCAA Finance by 30<sup>th</sup> April 2019**

**[Finance@mcaa.org.uk](mailto:Finance@mcaa.org.uk)**