

PROPOSED BAYSIDE CROSS COUNTRY 2010 PROGRAM

| DATE | PROGRAM | VENUE |
|--------|---------|---|
| April | 17th | "A" Bald Hill Park (Registrations 8.30-9.30am - Competition 10am) |
| | 24th | "B" Bald Hill Park - Melways Map 78 K4 |
| May | 1st | "B" Karkarook Park (proposed - alternate will be Bald Hill Park) |
| | 8th | "B" Bald Hill Park |
| | 15th | "TT" Hampton Beach Foreshore - Melways Map 76 F6 - opp Small St |
| | 22nd | "B" Bald Hill Park |
| June | 29th | "B" Bayside Open Day - Bald Hill Park - Points Day |
| | 5th | "Relay" Duncan McKinnon Reserve - Melways Map 68 K8 |
| | 12th | "B" Bald Hill Park |
| | 19th | "B" Bald Hill Park |
| | 26th | "B" Region Cross Country Challenge Day - Penbroke School, Moorooduc |
| July | 3rd | "B" Knox Open Day - Norton's Park Map 72 A2 - Points Day |
| | 10th | "B" Bald Hill Park |
| | 17th | "B" Bald Hill Park |
| | 24th | "B" Bayside Championships - Bald Hill Park - Melways Map 78 K4 |
| August | 1st | "B" State Cross Country - Geelong Racecourse (Sunday) |
| | 8th | Presentations - Venue TBA |

Further Information:

Brighton:
Paul 9592 4444 / 0414 348 617

Caulfield:
Jeff: 0425 725 315

Mentone:
Linda : 9798 6028 / 0432 573 822

Moorabbin:
Lex 0407 528 740

Oakleigh:
Pam 9704 0018/ 0411 097 595

Sandringham:
Chris 0416 871 706

Springvale:

Please fill in form(s) below and have ready for payment on the day:

\$25 for registered athletes and Open Age - Bayside Open Day entry is free to Bayside athletes.

\$52 for new Registrations (VLAA Registration form needs to be filled in with proof of age)

Region is an Open Day this season and will be a points day.

State Championship entries and other Open Days to be paid for upon entry.

REC.No.

Family Name: Athlete Name:

Age Group: Boy Girl Centre:

Address: P/C:

Phone: **Mobile:** **Email:**

Parents Names: Mother: Father:

Medical Conditions we need to know about:

REC.No.

Family Name: Athlete Name:

Age Group: Boy Girl Centre:

Address: P/C:

Phone: **Mobile:** **Email:**

Parents Names: Mother: Father:

Medical Conditions we need to know about:

REC.No.

Family Name: Athlete Name:

Age Group: Boy Girl Centre:

Address: P/C:

Phone: **Mobile:** **Email:**

Parents Names: Mother: Father:

Medical Conditions we need to know about: