7th November 2017

Dear Athlete,

Congratulations on finishing in the top 10 places at your Year 5 Schools Cross Country event during the Autumn Term. As a top 10 finisher we would like to invite you to take part in the Watford and District Cross Country Finals which are being organised by Watford Harriers.

The Watford and District Cross Country Finals will take place in February/March 2018. To register your interest, please complete the attached entry form no later than **Wednesday 20th December**. Further details will then be sent in January 2018.

The format of the day is as follows:

|  |  |
| --- | --- |
| **TIME** | **EVENT** |
| 10:00am | Registration/Walk the Course |
| 10:45am | Year 5 Girls Race Start |
| 11:00am | Year 5 Boys Race Start |
| 11:15am | Year 6 Girls Race Start |
| 113:30am | Year 6 Boys Race Start |
| 11:45am | Presentations |

The cross country course will be approximately 1500m in distance and will be mainly run on grass. The registration area and start line will be located near to the Cha Cha Café in Cassiobury Park so on arrival, please make your way to this area.

Please ensure that you wear your School PE Kit along with suitable training shoes and bring plenty of water. Spectators will be welcomed at the Cross Country and each participant must be accompanied by at least one adult.

If you would like to take part please complete the attached entry form and either return it to the address on the form or bring this with you to register on the day. If you have any queries please do not hesitate to contact me.

Yours faithfully,

Helen Ruttley

Watford Harriers

**Watford and District Cross Country**

**Entry Form**

To register please complete the form below and return to Helen Ruttley, Watford Harriers, Horseshoe Lane, Watford, WD25 7HH or email to helen.ruttley@icloud.com by **Wednesday 20th December**.

|  |  |
| --- | --- |
| **First Name:** | **Surname:** |
| **School:** | **Year Group: 5 / 6****Gender: M / F** |
| **Date of Birth:** | **Contact Tel No:** |
| **Email Address:** |  |
| **Address:** |
| **Emergency Contact Name:****Emergency Contact No:** |  |
| **Medical Information:** |  |

Photographs will be taken and may be used for future publicity and press releases. If you do not wish photos of your child to be taken please tick the box □.

I give permission for \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_to take part in the Cross Country and take parental responsibility to ensure that he/she will be supervised at the event.

Signed: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Parent / Guardian

Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: \_ \_ \_ \_ \_\_ \_ \_ \_