

**Fantasy X – Country**

|  |  |  |
| --- | --- | --- |
| **Name & Contact No / email** | | |
| **Team Name:** | | |
| **Age Group** | **Athlete** | **£M** |
| U13 |  |  |
| U15 |  |  |
| U17 |  |  |
| U20 |  |  |
| SEN |  |  |
| VET |  |  |
|  | **TOTAL:** |  |

***Your first team must include one athlete from each age category*** *(U13, U15, U17, U20, Senior, Veteran (35+)). Any additional teams may include any combination of athletes.*

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| --- | --- | --- |
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| U15 |  |  |
| U17 |  |  |
| U20 |  |  |
| SEN |  |  |
| VET |  |  |
|  | **TOTAL:** |  |

|  |  |  |
| --- | --- | --- |
| **Name & Contact No / email** | | |
| **Team Name:** | | |
| **Age Group** | **Athlete** | **£M** |
| U13 |  |  |
| U15 |  |  |
| U17 |  |  |
| U20 |  |  |
| SEN |  |  |
| VET |  |  |
|  | **TOTAL:** |  |

£5 per team / £10 for 3. Additional entry forms on request (or photocopy)