Please complete this nomination form and return with payment

CHARLEVILLE TRIATHLON – OFFICIAL INDIVIDUAL ENTRY FORM

FIRST NAME	SURNAME	DOB	AGE @ 21/3/21	POSTCODE	CONTACT NUMBER	EMAIL

Please circle event (NB. Age group calculated at 21/3/21):

Children's categories –	6 & under male	6 & under female
	7-9 male	7-9 female
	10-12 male	10-12 female
	13-15male	13-15 female
Adult categories-	Open individual male	Open individual female
	Mini individual male	Mini individual female

OPTIONS FOR PAYMENT

MAIL: Complete all details and send form, with payment to the, Charleville Local Ambulance Committee, PO Box 461. Charleville Qld 4470. Please make all cheques payable to **Charleville Local Ambulance Committee**.
DROP IN: Entry forms along with payment can be dropped into either Robert Eckel Repairs or the Charleville Pool.
ELECTRONIC: Nominations can be completed online or emailed to charlevilletriathlon@gmail.com with payment made on the day or transfer to **QAS Charleville Ambulance Committee BSB 064 407 Account Number 00050390**. Please ensure if transfer is being made that this has cleared prior to 21/3/21 or proof of transfer will be required on the day. Please use the competitors name as a reference.
Early entries received before the day of the event would be appreciated.

Entry fee paid: $_____

☐ **I have reviewed and agree with Terms and Conditions and Waiver document**

Signature of competing individual or parent/guardian of individual under 18 years of age to accept terms and conditions of entry and agree to the waiver:_____

Office use:
- **Payment received**
- **Entered into database**
- **Multi-draw ticket provided**