

Please complete this nomination form and return with payment

CHARLEVILLE TRIATHLON – OFFICIAL INDIVIDUAL ENTRY FORM

FIRST NAME	SURNAME	DOB	AGE @ 19/3/23	POSTCODE	CONTACT NUMBER	EMAIL

Please circle event (NB. Age group calculated at 19/3/23):

Children's categories – 6 & under male/6 & under female

7-8 male/7-8 female

9-10 male/9-10 female

11-12male/11-12 female

Adult categories- Sprint male/Sprint female

Enticer male/Enticer 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](mailto: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 19/3/23 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: \_\_\_\_\_

**ENTRY FEES**

6 years and Under Have a Go – Free

Individual 7-12 years – Free

Adult Sprint - \$50

Enticer Adult - \$20

Kids Teams - \$15

Adult Teams - \$60

Office use:

- Payment received
- Entered into database
- Multi-draw ticket provided