

Please complete this nomination form and return with payment

CHARLEVILLE TRIATHLON – OFFICIAL TEAM ENTRY FORM

LEG	FIRST NAME	SURNAME	DOB	AGE @ 21/3/21	POSTCODE	CONTACT NUMBER	EMAIL
SWIM							
RIDE							
RUN							

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

Children's team

Adult team

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

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

SWIMMER: _____

BIKE RIDER: _____

RUNNER: _____

Office use:

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