



PLEASE RETURN FORM TO: YouthNet Events, First Floor, 50 Featherstone Street, London, EC1Y 8RT

PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)

FIRST NAME: [grid] SURNAME: [grid] BTA NUMBER: [grid] DATE OF BIRTH: [grid] SEX: MALE: [] FEMALE: [] OCCUPATION: [grid] EMPLOYER: [grid] ADDRESS: [grid] POSTCODE: [grid] NATIONALITY: [grid] TEL. HOME: [grid] MOBILE: [grid] (The London Triathlon will text your result to you on race day) E-MAIL: [grid]

HOW DID YOU HEAR ABOUT THE LONDON TRIATHLON? _____ IS THIS YOUR FIRST TRIATHLON? YES [] NO []

Individual Super Sprint [] Individual Sprint [] Individual Olympic []

PLEASE NOTE: All Olympic competitors will race with their own age / sex unless you specifically wish to race in mixed sex and age group. If so, tick here []

Sprint Team Relay [] Olympic Team Relay [] Team Name _____ (Each team member to complete a separate form. Send all three forms together) Team Captain [] Corporate Tri Challenge [] (Please tick if all Team members work for the same company)

I enclose a fundraising deposit of £75 [] (for individuals) or £150 [] per team (relay teams) OR I have paid my deposit online at www.justgiving.com/youthnet.donate []

As an individual, I declare that I will raise the minimum sponsorship of £575 in aid of YouthNet [] OR As part of a team, I declare that we will raise the minimum sponsorship of £1,200 in aid of YouthNet []

Any athlete needing special requirements (relating to a disability or medical condition) must contact The London Triathlon pre race.

SIGNATURE: _____ DATE: / /