



CHICHESTER

Triathlon

Sunday 19th July 2009

Start Time: 6.30am First Wave - Chip Timing

Distance: 600m Pool Swim, 42km Bike, 10km Run

Prizes: 1st, 2nd, 3rd, Male Senior and Female Senior, 1st Male Junior U20, 1st Female Junior U20, 1st Male Vet (40,50,60) 1st Female Vet (40,50,60), 1st Team, 1st Mixed Team (minimum age 16)

Cost: £32 B.T.F Member, £39 Non B.T.F Member, Team £55 (Including T-Shirt)

Please make cheques payable to: **Chichester District Council**. Closing date for entries: **10.07.09** or sooner if event is full.

Please Tick where appropriate

Name: _____ Male Female

Address: _____ Postcode: _____

Tel: _____ Mobile: _____

Emergency contact on race day- Tel: _____ Email: _____

Age: _____ DOB: _____ T- Shirt Size: S M L XL XXL

BTF Number: _____ Swim Time for 600m: _____

Club: _____ Team Name: _____

- Team Members Name:
1. Swim
 2. Bike
 3. Run

Send Entries to: **Westgate Leisure Centre, Via Ravenna, Chichester, West Sussex, Po19 1RJ** with **1 Large Stamped Addressed Envelope** so we can send you race details, maps, etc. **Please read and sign Race Declaration** below. Encashment of your cheque confirms your entry in the event.

OFFICE USE ONLY

Race No:

Wave Time:

Payment received:
£

Paid by:
.....

Race Declaration: I understand and agree that I participate in the event entirely at my own risk and that no responsibility whatsoever shall be attached to Chichester District Council, event sponsors, race directors, or any person involved in the organisation of the event for any injury, accidents, loss or damage suffered by me in, or by reason of the event, however such may be caused. I am healthy and have no **KNOWN** medical condition. I have read and understand the above. **NOTE: All athletes must obey the Highway Code and Race Referee.**

Signed: Date:

PARTICIPANT MONITORING INFORMATION

(Used for essential monitoring of Council courses) **Ethnicity:** (Please ✓)

White: British Irish Other: _____

Mixed: White/Black Caribbean White/Black African White/Asian

Other: _____

Asian/Asian British: Indian Pakistani Bangladeshi

Other: _____

Black/Black British: Caribbean African Other: _____

Chinese or Other: Chinese Other (Please specify): _____

Disability: No Yes: Learning Hearing Visual
Physical Multiple Mental Health