

Western Triathlon



OFFICE USE ONLY

UMS
TEAM

WAVE #

CHIP #



RELAY REGISTRATION FORM

RELAY* (1000M Indoor Swim/ 10KM Outdoor Run) **TEAM FEE: \$60**

*Relay teams are to consist of two members: one swimmer and one runner.

SWIMMER INFORMATION (Please Print) Gender: Male Female

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ Postal Code: _____

PHONE: _____ - _____ - _____ EMAIL: _____

Emergency contact: _____ Phone: _____ - _____ - _____

Birth Date (DD/MM/YYYY) ____/____/____ AGE ON MARCH 17th, 2007: _____

! MY 500m SWIM TIME ____:____
(min : sec)

T-SHIRT SIZE: S / M / L / XL
(Please note that t-shirt sizes are not guaranteed)

RUNNER INFORMATION (Please Print) Gender: Male Female

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ Postal Code: _____

PHONE: _____ - _____ - _____ EMAIL: _____

Emergency contact: _____ Phone: _____ - _____ - _____

Birth Date (DD/MM/YYYY) ____/____/____ AGE ON MARCH 17th, 2007: _____

! MY 10km RUN TIME ____:____
(min : sec)

T-SHIRT SIZE: S / M / L / XL
(Please note that t-shirt sizes are not guaranteed)