

SSAFA FORCES HELP WATTISHAM STATION TRIATHLON ENTRY FORM 2012**PLEASE COMPLETE THIS FORM IN CAPITALS NEATLY**

Title/Rank _____ (indicate if military) First name _____ Surname _____

Male/Female (delete as applicable) D.O.B: _____ Age on the 31st Dec '12 _____ OFFICIAL US CAT: _____

Predicted swim time for 300M _____ (Do not leave this blank – you must enter a time)

Team name _____ Mil/Civ Relay or 3-Man Team - Delete as applicable.

Club: _____

YOUR ADDRESS:

House number: _____ St/Rd: _____ Postal Town: _____

Postcode: _____ Tel: _____ Email: _____

EMERGENCY CONTACT DETAIL:

Next of Kin: _____

Tel: _____

Address if different from above: _____

Medical Conditions that may affect your ability to race: _____

TRIATHLON HISTORY:

Are you a novice? Yes/No (delete as applicable) 2 or less Triathlons in the last 2 years.

COST:

Individuals £25 Relay Teams £40 (circle as applicable)

T SHIRT SIZE: SMALL / MED / LARGE / X LARGE If you do not indicate a size you will get whatever is left.**Declaration:*****I declare that I will read and comply with the race rules, race information on the website and that any spectator bring on to the Station will abide by the rules laid down by both the Race Director and the Station. I will attend and listen to the race brief prior to the start.******I am aware that Wattisham flying Station will not be held responsible for any loss, damage or expense that may occur as a result of this race.******I am fully fit and capable of completing this race and have no known medical condition or illness that may put me or others in danger.*****Signed:** _____ **Name in block capitals:** _____**Date:** _____

Please send 2 self addressed envelopes if you require the results by mail.

Send the completed form with a cheque payable to: **HQ WATTISHAM STATION** to:

LJ Bark, Triathlon Race Director, P&RTC, Wattisham Flying Station, Ipswich, Suffolk IP77RA

OFFICIAL USE ONLY

METHOD OF PAYMENT	CHEQUE NUMBER	PAID IN BY