



PLEASE RETURN FORM TO: **\*laura@danceaid.org\***

**PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)**

FIRST NAME:

SURNAME:  BTA NUMBER:

DATE OF BIRTH:  /  /  SEX: MALE:  FEMALE:

Next of Kin:

Telephone Number:

OCCUPATION:

EMPLOYER:

ADDRESS:

POSTCODE:  NATIONALITY:

TEL. HOME:  MOBILE:

E-MAIL:

PLEASE ENTER A CODEWORD IF YOU WISH TO START TOGETHER WITH A FRIEND. **DANCEAID**

IF YOU ARE A MEMBER OF A GYM/HEALTH CLUB PLEASE STATE WHICH ONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE LONDON TRIATHLON? \_\_\_\_\_

IS THIS YOUR FIRST TRIATHLON? YES  NO

- Individual Super Sprint (400m swim, 10km bike, 2.5km run)
- Individual Sprint (750m swim, 20km cycle, 5km run)
- Individual Open Age Olympic (1500m swim, 40km bike, 10km run)
- Individual Age Group Olympic (1500m swim, 40km bike, 10km run)
- Individual Mixed Gender Olympic (1500m swim, 40km bike, 10km run)
- Individual Olympic Plus (1500m swim, 80km bike, 10km run)

I declare that I accept the conditions of entry as stated by **(\*danceaid\*)**

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

SIGNATURE: \_\_\_\_\_

DATE: / /

**Team Relay Options** (two/three in a team):

**Sprint Team Relay** (750m swim, 20km cycle, 5km run)

**Olympic Team Relay** (1500m swim, 40km bike, 10km run)

**Team Name** \_\_\_\_\_

(Each team member to complete a separate form. Send all three forms together)

**Team Captain\*?**

\*Charities should note we only require the team captain to be entered online who then will be sent details about how to register their other team members

**Corporate Tri Challenge**  (Please tick if all Team members work for the same company)