



PLEASE RETURN FORM TO: VITAL, Westrock House, Ulysses Park, Heron Road, Exeter, Devon EX2 7LL

PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)

FIRST NAME:

SURNAME: BTA NUMBER:

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

OCCUPATION:

EMPLOYER:

ADDRESS:

POSTCODE: NATIONALITY:

TEL. HOME: MOBILE:

E-MAIL:

(The London Triathlon will text your result to you on race day)

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. Please make cheque made payable to "VITAL"

100% organic cotton, fair trade certified t shirt. Please indicate size S/M/L/XL
Further t-shirts & hooded sweatshirts available for purchase

I declare that I accept the conditions of entry as stated by VITAL
Any athlete needing special requirements (relating to a disability or medical condition) must contact The London Triathlon pre race.

SIGNATURE: _____ DATE: / /