NORTH CORNWALL DISTRICT COUNCIL

WADEBRIDGE LEISURE CENTRE
TRIATHLON

SUNDAY 14th OCTOBER, 2007

Start at 12 noon

WADEBRIDGE LEISURE CENTRE,
BODIEVE ROAD,
WADEBRIDGE
TELEPHONE 01208 814980
e-mail : wlc@ncdc.gov.uk

SWIM 400 metres, CYCLE 15 miles, RUN 5miles

SURNAME

FIRST NAME

INITIALS

SEX M/F

DATE OF BIRTH / /

AGE ON DAY OF RACE (MIN 17 YRS)

FULL POSTAL ADDRESS

POST CODE

TEL.#. INC CODE

CLUB OR TEAM

IF NONE STATE '**UNATTACHED**'

ESTIMATED TIMES SWIM mins CYCLE mins RUN mins

ENTRY FEE - £17.00 (£2.00 refund on production of **B.T.A.** licence)

NOTE - £5 EXTRA IF ENTRY FORM RECEIVED ON THE DAY

ALL CHEQUES MUST BE MADE PAYABLE TO N.C.D.C.

ALL ENTRANTS MUST COMPLETE AND RETURN THE FOLLOWING DECLARATION BEFORE THE RACE.

I declare that I will abide by the rules of the British Triathlon Association and accept that the BTA and its agents, the event organisers, and their associates, are not liable for any loss, damage, claim, or expense which may arise as a consequence of my participation in this event.

I am of good health and compete at my own risk.

I give permission for any photography to be taken during the event.

I understand that any information given may be retained on computer or in the Councils records. It will be used by the Council for the specific purposes for which it was collected. It will not be exchanged or sold to any other third party. Any results/photographs of individuals, following events, may be placed on the Councils website. Anonymised information may be used for statistical purposes. The Chief Executive is the Councils Data Controller

Signed _____ **Date** _____

www.tri-cornwall.org.uk