|  |  |
| --- | --- |
| **Surname**: | **Forename(s)**: |
| **Address**:  **Post Code**: | |
| **Age**: | **Date of birth**:  / /19 |
| **Telephone Number**: | **Mobile Number**: |
| **Email address**: | |
| **BTF/Home membership No**: | Mid Sussex Tri Club Member: Yes/No |
| East Grinstead Tri Club Member: Yes/No |
| Guest swimmer – person nominating: |
| Please provide any details about any **medical condition/disability** that you have, together with information about medication and whether it will be carried during the event or where it will be otherwise accessible: | |
| **Emergency contact information**: | |
| **Full name** **of person to be contacted**: | |
| **Address**:  **Post code**: | |
| **Relationship**: |  |
| **Telephone Number**: | **Mobile Number**: |

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| **Donation to charity**  It is suggested that each swimmers donates £20 for the session, irrespective of which distance or distances you choose to enter. Please indicate which distance(s) you will be completing.  Please make cheques payable to Mid-Sussex Triathlon Club or alternatively when making an electronic transfer of the fee to the club, include your name and 5-3-1 as a reference.  The club’s bank details are:  Mid Sussex Triathlon Club  Sort code 20-49-76  Account 43272192 | | |
| **Distance** | **Please tick** |  |
| **5km:** |  |
| **3km:** |  |
| **1km:** |  |