|  |  |
| --- | --- |
| **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 ClubSort code 20-49-76Account 43272192 |
| **Distance** | **Please tick** |  |
| **5km:**  |  |
| **3km:** |  |
| **1km:**  |  |