

**NEW TO 2015:**  
AGE RESTRICTION LOWERED  
TO 15 YRS AND OVER.

# TRIATHLON



**A TRIATHLON FOR BEGINNERS AND EXPERIENCED TRIATHLETES ALIKE**  
**400m SWIM    20k CYCLE    5k RUN**

**DATE: SUNDAY 18TH OCTOBER**

**VENUE: IMPULSE LEISURE CENTRE, GRAYS**

**TIME: 8am**

**Fee: £35 Individual £60 Team of up to 3**

# ENTRY FORM

PLEASE COMPLETE AND SEND FORM TO:  
Triathlon, St. Luke's Hospice,  
Astra Hse, Christy Way,  
Southfields Business Park,  
Basildon, SS15 6TQ

## YOUR INFO

**ENTRY:** Individual Entry ☐ Team Entry ☐ (team leader to fill out details below)

**TITLE:** .....

**SURNAME:** ..... **FIRST NAME(S):** .....

**ADDRESS:** .....

..... **POSTCODE:** .....

**EMAIL:** .....

**CONTACT NUMBER:** .....

**SEX:** M ☐ F ☐ **DATE OF BIRTH:** ..... / ..... / .....

**400M SWIM TIME** .....H .....M.....S

**EMERGENCY CONTACT** (for team entries please provide one emergency contact for all participants)

**NAME:** .....

**CONTACT NUMBER:** .....

**TEAM ENTRY** (to be filled out only if entering a team)

**TEAM NAME:** .....

**TEAM MEMBER 2:** ..... **Leg of race:** .....

**TEAM MEMBER 3:** ..... **Leg of race:** .....

**THE EVENT STARTS AT 8AM PLEASE ENSURE YOU ARRIVE  
AT LEAST 45 MINUTES PRIOR TO THIS**

I declare that I/my team am fit to enter; I understand that I enter at my own risk and that the organizers will in no way be held liable for: personal injury, loss or damage as a consequence of my participation.

**Signed:** ..... **Date:** ..... / ..... / .....

\*By entering this event you are agreeing for any photos taken of you at the event to be used in future PR.

**WWW.STLUKESHOSPICE.COM**

Registered charity 289466