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POST EVENT FORM

Due **WITHIN 30 Days** of Your Sanctioned Event.

YOUR RETURNED RACE PACKAGE MUST INCLUDE:

- Cheque payable to Triathlon BC OR Valid Credit Card Information
- Entrant Database (including name, address, age and TriBC member status)

Event Name: _____ **Date:** _____

Name of Race Director: _____ **Phone:** _____

IA. TOTAL NUMBER OF PARTICIPANT

A.) Number of Adult Individuals: _____

B.) Number of Junior Individuals: _____
(16 – 19 years of age)

C.) Number of Youth Individuals: _____
(Under 16 years of age)

D.) Number of Relay Participants: _____
(Where applicable)

TOTAL PARTICIPANTS: _____
A + B + C + D

IB. NUMBER OF TRIATHLON BC MEMBER PARTICIPANTS

E.) Number of Adult TriBC Members: _____

F.) Number of Junior TriBC Members: _____
(16 – 19 years of age)

G.) Number of Youth TriBC Members: _____
(Under 16 years of age)

H.) Number of Relay TriBC Members: _____

TOTAL NUMBER OF TRIBC MEMBERS: _____
E + F + G + H

II. POST EVENT FINANCIAL SUMMARY
(Based on Individual/Non-TriBC Member Participation only)

A.) Adult Individuals: _____ x \$13

B.) Junior Individuals: _____ x \$5

C.) Youth Individuals (U19): _____ x \$1

D.) Relay Participants: _____ x \$6

TOTAL DAY-OF-RACE FEES OWING: _____
A + B + C + D

III. EVENT SANCTION FEES

Total Number of Participant	Sanction Level	Triathlon Sanction	Duathlon/Aquathlon Sanction
1 – 149	A	\$200	\$150
150 – 249	B	\$250	\$200
250 – 499	C	\$400	\$250
500 – 1000	D	\$450	\$300
+1000	E	\$500	\$350

Sanction Fee: _____

TOTAL FEES OWING: _____
(Section II + III)

PAYMENT INFORMATION

CHEQUE ENCLOSED YES NO IF ATTACHED, AMOUNT OF CHEQUE: _____
(please circle)

Chargecard Payment YES NO Chargecard Information: Visa Mastercard
(please circle)

Creditcard Number: _____ Expiry Date: _____

Name of card holder, as it appears on chargecard: _____

Amount to be Charged on Card: _____ Signature: _____