

# TRIATHLON BC NATIONAL CHAMPIONSHIP PREP CAMP JULY 31 & AUGUST 1

## REGISTRATION

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

POSTAL CODE:

TRIBC MEMBER NUMBER:

EMAIL:

PHONE:

To better understand our participants, please provide an estimated:

1500m Swim Time:

40km Cycle Time:

10k Run Time:

## PAYMENT INFORMATION - \$199.00

I WILL PAY BY:  Credit Card (preferred - \*\$2.50 CREDIT CARD TRANSACTION FEE WILL BE ADDED TO THE CAMP TOTAL)  
 Cheque

Credit Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Visa or MasterCard (circle choice)

Expiry Date: \_\_\_\_\_ (mo/yr)

Name as it appears on Card: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

*\*NOTE: Participants must be current TriBC members. Cancellations must be received a minimum of 5 days prior to the start date. Cancellation notices received within 5 days of a Clinic will incur a \$25 processing fee.*

## EMERGENCY CONTACT

NAME:

PHONE NUMBER:

RELATIONSHIP:

MEDICAL INFORMATION, CONSIDERATIONS AND/OR ALLERGY ALERT: \_\_\_\_\_



TO CONFIRM CAMP REGISTRATION, PLEASE COMPLETE AND RETURN THIS FORM TO:  
[INFO@TRIBC.ORG](mailto:INFO@TRIBC.ORG)