



**OFFICIALS CLINIC REGISTRATION FORM**

COURSE NAME: \_\_\_\_\_

COURSE DATE: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

**PLEASE NOTE, REGISTRATION AND PAYMENT MUST BE RECEIVED 5 DAYS PRIOR TO COURSE DATE.**

PLEASE PRINT CLEARLY			
Last Name:		First Name:	
Address:			
City:		Province:	
Postal Code:		Birthdate: dd/mm/year	
Email Address:			
Phone 1:		Phone 2:	
Preferred method of contact:		<input type="checkbox"/> email	<input type="checkbox"/> Phone
TRIBC # (if applicable)			
Please provide any additional information/experience (i.e. current/past triathlon experience), or if there is a particular area of interest:			

Please email, fax or mail completed registration forms to: Triathlon BC  
PO Box 34098, Station D  
Vancouver, BC  
V6J 4M1  
e. [officials@tribc.org](mailto:officials@tribc.org) f. (604) 736-3180