

POST EVENT FORM

Due WITHIN 30 Days of Your Sanctioned Event.

PLEASE INCLUDE ONE-EVENT DAY MEMBERSHIP PAYMENT WITH ALL POST EVENT FORMS.

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

For reporting purposes please indicate the number of volunteers that assisted with the event: _____

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

A.) Adult Individuals: _____ x \$15

B.) Junior Individuals (16 – 18) _____ x \$5

C.) Youth Individuals (U15): _____ x \$5

D.) Relay Participants: _____ x \$10

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

PLEASE CHECK IF EVENT HOSTED & FEES PAID VIA TRIATHLON CANADA NTRS:

III. EVENT SANCTION FEES

Total Number of Participant	Sanction Level	Triathlon Sanction	Duathlon/ Aquathlon Sanction
Youth Only	Y	\$100	\$100
1 – 149	A	\$200	\$150
150 – 249	B	\$250	\$200
250 – 499	C	\$400	\$250
500 – 1000	D	\$450	\$300
+1000	E	\$500	\$350

TOTAL FEES OWING: _____
(Section II + III)

PAYMENT INFORMATION

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

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: _____