

# 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:** \_\_\_\_\_ **Event 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 \$15.50\*

B.) Junior Individuals (16 – 18) \_\_\_\_\_ x \$5.50\*

C.) Youth Individuals (U15): \_\_\_\_\_ x \$5.50\*

D.) Relay Participants: \_\_\_\_\_ x \$10.50\*

**TOTAL DAY-OF-RACE FEES OWING:** \_\_\_\_\_  
A + B + C + D

\*Includes Triathlon Canada's mandatory \$0.50 membership fee.

**PLEASE CHECK IF EVENT HOSTED & FEES PAID VIA TRIATHLON CANADA NATIONAL REGISTRATION SYSTEM (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    YES    NO    Amt: \$ \_\_\_\_\_

Interac Direct Transfer    YES    NO    Amt: \$ \_\_\_\_\_    Interac Password: \_\_\_\_\_

Credit Card Payment\*    YES    NO    Amt: \$ \_\_\_\_\_    Credit Card Information:    Visa    Mastercard

*Please note, credit card payments are subject to a 2.5% processing fee.*

Credit Card Number: \_\_\_\_\_    Expiry Date: \_\_\_\_\_ / \_\_\_\_\_    CVV: \_\_\_\_\_

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