

TWEED VALLEY SWIMATHON

JUNIOR TRIATHLON FUNDRAISER



ENTRY FORM

NAME _____

EMAIL _____

PHONE _____

ADDRESS _____

TEAM MATE (IF APPLICABLE)

NAME _____

AGE _____

EMAIL _____

PHONE _____

ADDRESS _____

CATEGORY

1hr individual

Team 2hr (1hr/1hr)

Team 1hr (30/30)

PAYMENT / FUNDRAISING

CASH

CHUFFED.ORG

LANE ALLOCATION TIME

If known please write your approximate time for 400m or TVT club members 250/500m race times

DISTANCE _____ TIME _____