

27th Annual Deep River Triathlon Registration Form

If you are an individual, please fill out the swimmer section only. Complete the following form, print and fax to the Recreation Department at (613 584-3237). Payment can be made in person at the Municipal Office, 100 Deep River Road or by mail to P.O. Box 400, Deep River, ON K0J 1P0, payable to the Town of Deep River. The registration fee is \$37 for individual entries and \$75 for team entries. Registration deadline is Friday, July 24, 2009 (Noon). After due date, a late fee of \$10 will be applied. If you are registering a team, please provide a team name _____

SWIMMER

SEX: M F

Name: _____
Address: _____
City: _____ Province _____
Postal Code: _____ E-mail Address: _____
Home Phone: _____ Work Phone: _____
Age (On Aug. 2) _____ DOB: Day _____ Mo _____ Yr _____

Participants Signature * _____

* My signature indicates that I have read, understood and agree to the Rules and Regulations section of this package.

Parents or Guardians Signature _____
(Required if participant is under 18 years of age)

CYCLE

SEX: M F

Name: _____
Address: _____
City: _____ Province _____
Postal Code: _____ E-mail Address: _____
Home Phone: _____ Work Phone: _____
Age (On Aug. 2) _____ DOB: Day _____ Mo _____ Yr _____
Participants Signature * _____

* My signature indicates that I have read, understood and agree to the Rules and Regulations section of this package.

Parents or Guardians Signature _____
(Required if participant is under 18 years of age)

RUNNER

SEX: M F

Name: _____
Address: _____
City: _____ Province _____
Postal Code: _____ E-mail Address: _____
Home Phone: _____ Work Phone: _____
Age (On Aug. 2) _____ DOB: Day _____ Mo _____ Yr _____
Participants Signature * _____

* My signature indicates that I have read, understood and agree to the Rules and Regulations section of this package.

Parents or Guardians Signature _____
(Required if participant is under 18 years of age)