



**Richard House**

London's First Children's Hospice



7-8 August 2010

PLEASE RETURN FORM TO: Events Team, Richard House Children's Hospice, Richard House Drive, Beckton, E16 3RG. Tel: 020 7540 0204, email: events@richardhouse.org.uk

**PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)**

FIRST NAME:

SURNAME:  BTA NUMBER:

DATE OF BIRTH:  /  /  SEX: MALE:  FEMALE:

OCCUPATION:

EMPLOYER:

ADDRESS:

POSTCODE:  NATIONALITY:

TEL. HOME:  MOBILE:

E-MAIL:

(The London Triathlon will text your result to you on race day)

HOW DID YOU HEAR ABOUT TAKING PART FOR RICHARD HOUSE? \_\_\_\_\_

WHAT VEST SIZE ARE YOU? (Please circle) S M L XL XXL

IF YOU ARE A MEMBER OF A GYM/HEALTH CLUB PLEASE STATE WHICH ONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE LONDON TRIATHLON? \_\_\_\_\_

IS THIS YOUR FIRST TRIATHLON? YES  NO

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Individual Super Sprint  Individual Sprint  Individual Olympic

**PLEASE NOTE:** All Olympic competitors will race with their own age / sex unless you specifically wish to race in mixed sex and age group, if so tick here

Sprint Team Relay  Olympic Team Relay

Team Name \_\_\_\_\_  
 (Each team member to complete a separate form. Send all three forms together)

Team Captain

Corporate Tri Challenge  (Please tick if all Team members work for the same company)

I declare that I accept the conditions of entry as stated by Richard House Children's Hospice and pledge to raise a minimum of £650 to be sent in by six weeks after the event (or £1,300 for a team)

Any athlete needing special requirements (relating to a disability or medical condition) must contact The London Triathlon pre race.

SIGNATURE: \_\_\_\_\_ DATE: / /