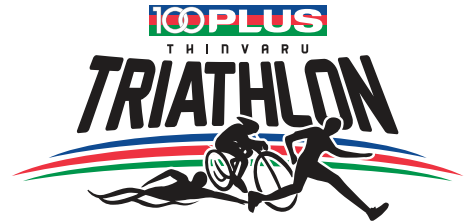




M. Gulfaamuge, 1st Floor
Fareedhee Magu, Male', Maldives
Tel: +960 335011, Fax: +960 3335002
marketing@mediahouse.mv

f /thinvarutriathlon
t @triathlonmv



REGISTRATION FORM

Race Catagory ☐ Individual ☐ Team Team Name _____

Full Name _____ ☐ Swimmer ☐ Cyclist ☐ Runner

Gender ☐ Male ☐ Female

National ID/Passport No.: _____ Date of Birth / /

Contact Number _____ Email _____

T-Shirt Size ☐ Small ☐ Medium ☐ Large ☐ Extra Large

Race Catagory ☐ Individual ☐ Team Team Name _____

Full Name _____ ☐ Swimmer ☐ Cyclist ☐ Runner

Gender ☐ Male ☐ Female

National ID/Passport No.: _____ Date of Birth / /

Contact Number _____ Email _____

T-Shirt Size ☐ Small ☐ Medium ☐ Large ☐ Extra Large

Full Name _____ ☐ Swimmer ☐ Cyclist ☐ Runner

Gender ☐ Male ☐ Female

National ID/Passport No.: _____ Date of Birth / /

Contact Number _____ Email _____

T-Shirt Size ☐ Small ☐ Medium ☐ Large ☐ Extra Large

I/We declare that I am medically fit for the event and understand that I do so at my own risk and that the organisers will not be liable for any loss or damage, claim or expenses, which may arise as a result of my taking part in this event or from any date changes, or the postponement or cancellation of this event for any reason whatsoever.

Name _____ Date _____

Signature

