



CYPRUS TRIATHLON FEDERATION
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NICOSIA-CYPRUS
E-mail: cytrifed@cytanet.com.cy

For official use

<i>Athlete Number:</i>	
<i>Overall Position:</i>	

REGISTRATION FORM

Please complete and return by fax +35722449501

Country

Surname

Name Female Male

Date of Birth

Day	Month	Year
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Address

Tel/Fax/E-mail

Personal Best Results

I hereby submit my application for the Cyprus International Triathlon race in Limassol May 20th, 2007. I fully accept all rules of the event laid down by the organiser as well as the International Triathlon Union. I assume full responsibility for any personal risk involved. I am covered by adequate health and accident insurance plans. I agree to abide by the rules of the Cyprus Triathlon Federation.

Date / Signature