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|  | **http://aboutphilippines.ph/filer/toledo-cebu/seal_dinagat_islands.pngnew pbma logo 1x1DINAGAT ISLANDS TRIATHLON CHALLENGE**  *San Jose, Province of Dinagat Islands*  May 24, 2015 [Sunday] Race start: 2:00pm | C:\Users\Executive Tenoso\Desktop\SPORT LEAGUE.jpgC:\Users\WUPCO\Documents\Desktop\TRAP.jpg |  |

**RACE REGISTRATION FORM**

[*PLEASE READ FORM AND PRINT CLEARLY*]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | | **First Name** | | | | | **M.I.** | | | **Nationality** | |
| **Mailing Address**  *Street | Barangay | Municipality | City | Province | Postal Code | ZIP* | | | | | | | | | | | **Gender** |
| **Date of Birth** [*mm|dd|yyyy*] | **Civil Status** | | | **Height** | | **Weight** | | **Team Name** | | | |
| **Company | School |Team |Club |Organization** | | | | | | | | | | | |
| **Email Address** | | | **Contact No.** [*Landline*] | | | | | | **Contact No**. [*Cellphone*] | | |
| **To Register:**  *Please deposit payment to:*  RUBEN E. ECLEO SR. FOUNDATION, INC.  BDO Commonwealth-Don Antonio Branch  Savings Account No. 003990170591  *Email Entry Form, NSO Birth Certificate and Deposit Slip with name to:*  IVY B. ORO  Mobile Number : 09187276087/  E-mail Address: [ivy.oro91@gmail.com](mailto:ivy.oro91@gmail.com) | | | | | **Over-all Category**  Standard Distance – Swim [1.5K], Bike [40K], Run [10K] | | | | | | |
| **Men Category Women Category** | | | | | | |
| **Prizes:**  First PhP 50,000 PhP 50,000  Second 30,000 30,000  Third 20,000 20,000  4th – 10th 7,000 [each]7,000 [each] | | | | | | |
| **Age Categories**  Standard Distance – Swim [1.5K], Bike [40K], Run [10K]  **AGE**: 17-19, 20-29, 30-39, 40-49, 50 & Above | | | | | | |
| **Men Category Women Category** | | | | | | |
| **Prizes:**  First PhP 4,000 PhP 4,000  Second 3,000 3,000  Third 2,000 2,000 | | | | | | |
| **Registration Fee:** [*includes T-shirt, Fellowship Dinner, island tour & souvenir*]    **EARLY BIRD!!!**  **PhP 2,000** [*until April 30, 2015*] **PhP 2,500** [*May 15, 2015*] | | | | | **Payment Information** [*To be filled-out by REESFI*]  Amount [PhP] -  Received by -  Date Received - | | | | | | |
| **WAIVER/ RELEASE FORM**  In consideration of my entry, I, my heirs, executors and administrators release and forever discharge the Triathlon Association of the Philippines [TRAP], its officers, staff, sponsors, servants, agents and subcontractors, instrumentality and all voluntary Community groups, and all organizations assisting this event, producers, their agents and representatives of all liabilities, claims, damages or cost which I may have against them arising out of, or in anyway connected with my participation in this event. I understand this waiver includes claims based on negligence, action or inaction of any above parties. I fully recognize the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself a life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.  I agree that in the event of race cancellation due to storm, rain, inclement weather, wind or any other unforeseeable, or “Act of God” conditions, my entry fee shall be non-refundable.  I have carefully read this Entry form and agree to abide by all rules and directions of all race officials on the day of the race.  ----------------------------------------------------------- -------------------------------------------------------------------  [Participant’s Signature over printed Name] [Signature and Name of Participant’s Parent/  Guardian if Participant is under 18 years old] | | | | | | | | | | | |
| **RECEIPT OF REGISTRATION**  Name of Registrant/ Tri-athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registration Fee received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |