



Eilat 2010 Isrotel Nov 12th : Sport Club” Triathlon

Age group Registration form for foreign athletes only

Please send completed registration form to the Israeli Triathlon Association either by fax or E – Mail, not later than November 1st, 2010 as per the contact details below: Fax: 972-3-6764260, E- Mail: office@triathlon.org.il For further inquiries, please contact The Israeli Triathlon Association Kfar Maccabiah 52105 Ramat Gan, Israel Tel: 972-3-6764008

Name				Family Name			
Address							
Town				Country			
Cel				Zip			
Date of Birth: Day:_____ Month:_____ Year:_____							
Member of National Triathlon Federation:							
Nationality				Male []	Female []		
Passport number/ID (9 Digits)							
Register to:	Olympic age group []		Sprint age group []		Children []		
Youth 14-15 []	Relay Team Olympic []			Relay Team Sprint []			
Swimmer Name:				Cyclist name:			
Runner name:							
<u>Each Athlete in relay Team must complete a full form</u>							

Race Fee : 120\$ USD ,Children and Juniors: 90\$ USD

Credit Card Payment Form	
Credit Card	Visa/Diners/Amx/Mastercard
Credit card holder name	
Credit card holder telephone	
Credit card holder Passport number and country	
Credit card Number	
Valid Through __/__/__	Sum:
Signature	

