

# Hailsham/ Ardingly/ Crowborough - Aquathlon East Grinstead/ Rye/ Uckfield/ Crowborough - Triathlon



## Entry Form Children's Events

Event & date> Category	Hailsham Aquathlon 15 <sup>th</sup> April	East Grinstead Triathlon 20 <sup>th</sup> May	Ardingly Aquathlon 3 <sup>rd</sup> June	Rye Triathlon 22 <sup>nd</sup> July	Uckfield Triathlon 12 <sup>th</sup> August	Crowborough Triathlon 15 <sup>th</sup> Sept (Sat)	Crowborough Aquathlon 14 <sup>th</sup> October
<b>Tristars</b>							
Try-a-Tri 8-10yrs	No race		No race				No race
Try-a-Tri 11-14yrs	No race		No race				No race
Try-an-Aqua 8-10yrs		No race		No race	No race	No race	
Try-an-Aqua 11-14yrs		No race	No race	No race	No race	No race	
Novice Family Team			No race				
<b>Please place 'X' in the box to enter each event – cost see colour code</b>							
Entry fees:	<b>Triathlon = £13.00</b>		<b>Try-a-Tri &amp; family Team= £10</b>			<b>Aquathlon = £10</b>	

All distances & details on the website: [www.hedgehogtri.co.uk](http://www.hedgehogtri.co.uk)

No confirmation will be sent, check 'Entries So Far' on the website  
(£1 refund on day for BTF licence holders)

Cheques payable to 'Hedgehogtri',

Number of events

Amount submitted

£\_\_\_.\_\_

Post to: Hedgehogtri Events, 7 Stonedene Close, Forest Row, E Sussex, RH18 5DB.

PLEASE WRITE IN CLEAR CAPITALS

Surname		First Name			
Address			Town		
Postcode	DOB <small>Note all ages are as of 31/12/12</small>	M/F	Team		
State any Medical conditions				BTF Licence number <small>(If member)</small>	
Parent Name		H Tel	Mob		
Email <small>(used for communication – please ensure correct)</small>					

Charity Partner



Demelza  
Hospice Care for Children

A minimum of 25pence from your entry fee will go to our charity partner. Please help to raise more through

### Race Declaration

I understand and agree that the above person participate in the event entirely at their own risk and that no responsibility whatsoever shall attach to any event sponsors, race directors or any person involved in the organisation of the event for any injury, accidents, loss or damages suffered by the named person in, or by reason of the event, however such may be caused.

The named person above is physically capable of competing in the event and they do entirely at their own risk. The parent/Guardian has read and understood the race declaration and the terms of entry/ conditions of race entry.

Conditions of entry on website [www.hedgehogtri.co.uk/2012/TandC.html](http://www.hedgehogtri.co.uk/2012/TandC.html)

Signature (parent/ guardian)	Print name	Date
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Please print off the sponsor form below – Please assist us in raising money for this local charity



**Demelza**  
Hospice Care for Children

## Sponsorship and Gift Aid Declaration Form

**NAME :** .....

**Address:** .....

..... **Postcode:** .....

**Event:** ..... **Date:** .....



I will be taking part in a **Triathlon** and will be raising money for Demelza Hospice Care for Children.

**PLEASE SPONSOR ME!!!**

*giftaid it*

Please use Gift Aid and you can make your donation worth more. For every pound you give to us, we get an extra 28 pence from the Inland Revenue, AT NO EXTRA COST TO YOU. So just tick the ✓ box on the reverse. It really is that simple to make your donation all the more valuable!

Thank you.

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.

Please return this form with the sponsorship money to:      Demelza Community  
Red Lion House  
Magham Down  
East Sussex  
BN27 1PN

Please make all cheques payable to **Demelza**.

Registered Charity No: 1039651

***To be completed by the charity:***

Date moneys received				
Total donations				
Total amount of Gift Aid donations	£	X 22/78=	£	tax reclaimable

