



**2024 TRADIES SUTHERLAND 2 SURF ENTRY FORM
(SATURDAY 20/07/2024)**

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BIB NUMBER

Please use BLOCK LETTERS

Your email address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																																				

First Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																		

Last Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																		

Gender (Please circle)	MALE	FEMALE
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Age on Event Day	<input style="width: 100%;" type="text"/>	YEARS
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Date of Birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>			/	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>			/	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>					

Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																		

Suburb / Town	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																		

Postcode	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>					

Read terms & conditions	I confirm I have read the terms & conditions		Tick
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Your Phone Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																		

Emergency Contact Name & phone number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																																				

I will be	(Please circle)	Running	Walking
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Select your Events (Tick)	\$55.00 Adult (18-59 yrs)	Tick
	\$38.00 Child (5 to 17 yrs)	Tick
	\$15.00 Child (Under 5 yrs)	Tick
	\$38.00 Senior (60+ yrs)	Tick
	\$145 Family - up to 5 immediate family members – 2 Adults and 3 Children (5-17 Years)	Tick

YOUR SIGNATURE (Mandatory)	
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Running Club / Team	
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