

THE CITY OF DURBAN TRIATHLON

INCORPORATING THE
(2010 KWAZULU-NATAL TRIATHLON CHAMPIONSHIPS)



www.teamsts.co.za



www.kzntriathlon.co.za



www.sportsperformance.co.za

Sunday 31ST JANUARY 2010
DURBAN UNDERSEA CLUB
(Next to uShaka)

START: 06H30

Transition opens at 05H00

RACE DISTANCES

AGE GROUP	SWIM	CYCLE	RUN	STARTING TIME	RACE BRIEFING	PRE-ENTRY FEE	LATE ENTRY
ALL AGE GROUPS	1,5 km	40km	10 km	06H30	06h15	R150	R200
16 TO 19	750m	20km	5km	09H00	08H45	R100	R150
<i>TEAM & INDIVIDUALS FUN SPRINT</i>	750m	20km	5km	09H00	08H45	R100	R100
12 TO 15	400m	10km	2.5km	10H30	10H15	R80	R130
08 TO 11 fun race	200m	5km	1..25km	10H30	10H15	R50	R50

Non TSA members must pay an extra R30 Day Licence Fee, which covers your indemnity and public liability.

NB TSA Members must have their TSA card or be on the TSA list, no card and not on the list will result in you paying the R30 day licence.

NO TSA LICENCES WILL BE TAKEN ON THE DAY

NB 08 to 11 year old race is a non-selection race.

PRIZE GIVING

R5000 prize money will be paid to the first 5 men and first 3 ladies across the line in the Olympic Distance race.

Gold, Silver and Bronze medals in each age category

ONLY Registered TSA athletes will be selected to represent KZNTA at the SA Triathlon Championships.

The KZNTA team will be announced at prize giving @ 11H30 sharp.

For more information, contact

Mark Lee on 084 343 5005 or on mark@sportsperformance.co.za or

Lee Storm on 083 289 0912 or on secretary@kzntriathlon.co.za or

More info on www.teamsts.co.za or www.kzntriathlon.co.za

THE CITY OF DURBAN TRIATHLON

INCORPORATING THE 2010 KZN TRIATHLON CHAMPIONSHIPS

Surname: _____ First Name: _____

ID Nr: _____ Cell Nr: _____

Tel. (H) : (_____) _____

Date of Birth: _____ Age (as at 31/12/2010): _____

E-mail address: _____

TSA nr: _____ Club Name: _____

Please tick relevant categories

Age Category for KZN Championships

Male Female

08 TO 11 12 TO 13 14 TO 15 16 TO 17 18 TO 19 20 TO 24 25 TO 29

30 TO 34 35 TO 39 40 TO 44 45 TO 49 50 TO 54 55 TO 59 60 +

OR,

Fun Sprint Individual Team Team name : _____

Banking Details: **Bank:** ABSA BANK
 Account name: Sports Training Specialists
 Account number: 4066396712
 Branch code: 505626
 Reference KZNTA & _____ **(your name)**

Please Fax entry form and proof of payment to 031- 7658973 or secretary@kzntriathlon.co.za

CLOSING DATE FOR PRE-ENTRIES:- 28th JANUARY 2010

REGISTRATION AND LATE ENTRIES will be taken at Durban Undersea Club on race day, 31st January 2009 from 05H00 for all competitors.

INDEMNITY

I agree to abide by the rules of the event set down by **Triathlon South Africa** and the organizers and understand that I take part in the event entirely at my own risk and indemnify anyone included in the organization of the event, **KZNTA**, referees, local authorities, and marshals against any claim which may result from my participation. I also agree that if I withdraw from the event or if the Race Referee, for reasons beyond the organizer's control, cancels the event on the race day then no refund will be due to me.

SIGNATURE: _____ DATE: _____ Parent or Guardian if under 18 years old