

REGISTRATION FORM
TIRANA TRIATHLON
10TH JUNE 2018, FARKA LAKE

Gender:	
Name:	
Surname:	
Date of Birth:	
ID number:	
Address:	
City/State:	
Phone number:	
Email:	
Which Triathlon Club are you member of:	

I _____, declare that I am physically fit for participating in Tirana Triathlon, having sufficiently and adequately trained for this type of race. The decision to take part in this race is my sole and personal responsibility.

(Signature)