

2025 FUN FEST TRIATHLON REGISTRATION FORM

Wednesday 15 January 2025
Meeting from 1:00pm
Spring Creek Pool, Runanga

Participant's name: _____

Age: _____

Parent/Caregiver: _____

Contact number: _____

I give permission for my child/children to have their photo taken to be used for marketing purposes.

Yes

No

Parent/caregiver signature:

Date: _____

Please return by Monday 13 January 2025 – 5:00pm

Email: kate.dumitru@greydc.govt.nz

Phone: 027 181 00457

Address: 105 Tainui Street Greymouth 7805