CYPRUS TRIATHLON FEDERATION
TEL/FAX: 22322419,P.0BOX.29602, 1721 NICOSIA-CYPRUS
E-mail : cytrifed@cytanet.com.cy

THE APPLICATION SHOULD BE ACCOMPANIED BY:

1. Original birth certificate.
2. Two recent photographs size 4X3.5 cm.
3. Guardians signature if the applicant is under 18 years of age.
4. Applicants signature if the he/she is above 10 years of age.

APPLICATION FOR REGISTRATION OR TRANSFER

NAME:

SURNAME:

FATHER'S NAME

MOTHER'S NAME

DATE OF BIRTH:

PLACE OF BIRTH:

NATIONALITY:

CURRENT ADDRESS

TELEPHONE NUMBERS - -

FAX NUMBER -

EMAIL

FILL ACCORDINGLY

☐ I am registered with Cyprus Triathlon Federation.

Reg. number

Club

☐ I am not registered with Cyprus Triathlon Federation.

I WISH TO REGISTER WITH / TRANSFER TO:

ATHLETES SIGNATURE _____ DATE_____

TO BE FILLED BY THE GUARDIAN: (For applicants under the age of 18)

NAME

The present application is in my knowledge and I agree.

Guardians signature: _____ Relation _____

TO BE FILLED BY THE SECRETARY OF THE CLUB:

I certify the authenticity of the athlete's and guardian's signatures.

Date:

Secretary's signature _____

Stamp

TO BE FILLED BY THE SECRETARY OF CYPRUS TRIATHLON FEDERATION

Received:

Approval:

Reg. number

Date:

Gen. Secretary's signature: _____

Stamp