



IRONMAN 70.3 TEAM CHANGE FORM

OFFICE USE ONLY

Bib No:

Timing Updated: Y / N

TEAM NAME

TEAM CATEGORY

Please fill in all team changes below

SWIMMER details

ORIGINAL ATHLETE NAME: _____

First name

Date of Birth

/ /

Must be 18 years or older on race day

Surname

Mobile Phone

Email address

Gender

Male / Female

Em. Contact name

Em. Contact no.

NOTE: This section must be completed: Emergency contact person must be contactable on this number and cannot be another competitor.

Your signature**

Med. Conditions

CYCLIST details

ORIGINAL ATHLETE NAME: _____

First name

Date of Birth

/ /

Must be 18 years or older on race day

Surname

Mobile Phone

Email address

Gender

Male / Female

Em. Contact name

Em. Contact no.

NOTE: This section must be completed: Emergency contact person must be contactable on this number and cannot be another competitor.

Your signature**

Med. Conditions

RUNNER details

ORIGINAL ATHLETE NAME: _____

First name

Date of Birth

/ /

Must be 18 years or older on race day

Surname

Mobile Phone

Email address

Gender

Male / Female

Em. Contact name

Em. Contact no.

NOTE: This section must be completed: Emergency contact person must be contactable on this number and cannot be another competitor.

Your signature**

Med. Conditions

**NOTE: MUST BE SIGNED - Please read the Terms & Conditions that appear at Check In and sign as a condition of entry. If you are unable to locate the Terms & Conditions please ask Event Staff. ALL TEAM MEMBERS MUST SIGN THE ATHLETE WAIVER.

Please ensure you bring this form with you to Athlete Check-In

WWW.IRONMAN.COM