

TRIATHLON CANADA – ATHLETE REPRESENTATIVE NOMINATION FORM

PLEASE TYPE OR PRINT

Nominee's Full Name: _____

Address: _____ City: _____

Province: _____

Telephone: (work) _____ (res.) _____ (fax) _____

e-mail: _____

Nominated by (Self-nominations do not need to complete this section):

Name of Individual: _____

Address: _____ City: _____

Province: _____

Telephone: (work) _____ (res.) _____ (fax) _____

e-mail: _____

Signature of Nominator

Attach a file or list information within the nomination submission that provides a bio that will be posted online for voters to review. Include relevant information that outlines your qualifications and experience as a nominee for the Athletes' Representative position.

Please nominations@triathloncanada.com return to:

For more information please contact Triathlon Canada at nominations@triathloncanada.com.