

Section 4



**POST EVENT**

**SANCTIONING SUBMISSION**

**INFORMATION**

Approved by the Board of Directors  
February 10, 2016.

**To be submitted to the Triathlon Manitoba office  
within 60 days following the event.**

**Document can be mailed to the office at 145 Pacific Ave, Wpg R3B 2Z6, or  
emailed to: [triathlon.ed@sportmanitoba.ca](mailto:triathlon.ed@sportmanitoba.ca).**

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## TRIATHLON MANITOBA RACE FEE REMITTANCE FORM

NAME OF RACE: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

RACE DIRECTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE RES: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Note:**

- Sanctioning fees shall be paid on a maximum of 200 participants for the entire event. One relay team is the equivalent of one participant.
- When participant numbers exceed 200, the collection of fees will be calculated using the highest number of participants in each of the category (ies) that will total the 200 participation amount. These total numbers will be based on the posted finish results.
- Sanction fee at regular entry rates is still charged to complimentary entries provided by race organization.
- Entry must include fees paid for banquet or other functions associated with the event, not applicable to merchandise.

**SANCTIONING FEE:**

# of individual participants ( <i>max. 200</i> )	x	entry fee	x	.05	=	_____ (A)
Olympic _____	x	_____	x	.05	=	_____ (B)
Sprint _____	x	_____	x	.05	=	_____ (C)
Long Duathlon _____	x	_____	x	.05	=	_____ (D)
Sprint Duathlon _____	x	_____	x	.05	=	_____ (E)
Try-a-Tri _____	x	_____	x	.05	=	_____ (F)
Try-a-Du _____	x	_____	x	.05	=	_____ (F)
 # of relay teams	 x	 relay rate per team	 x	 .05	 =	 _____ (G)
_____	x	_____	x	.05	=	_____ (H)
_____	x	_____	x	.05	=	_____ (H)

Add (A) through (H) = \_\_\_\_\_ (I) Total Sanction Fee

**ONE DAY MEMBER FEES:**

Race	Non-Members	One Day Member Fee	Totals
_____	_____	x _____	= _____ (J)

**Total Recoverable by Triathlon MB (add I and J) = \_\_\_\_\_**

- \$500.00 (pre-payment that accompanied sanctioning application (if all paperwork was submitted on time) \_\_\_\_\_  
(If deadlines are not met or equipment was late/damaged, the \$500.00 race sanctioning fee may not be refundable).

**This total due to Triathlon MB 145 Pacific Ave, Winnipeg MB R3B 2Z6 within 60 days post-event.**

**Note:** Additional equipment fees and damage deposits are separate transactions to be made at time of equipment pick-up. Please refer to Section 3 Equipment Borrowing Agreement.

**Triathlon Event - Medical Incident Report** (Please have a copy with you ONSITE to fill out if required)

Note: Please submit electronically to the office immediately after the event.

Event Name & Date:	Time:	Location:
Name:	Age:	Gender:
Address:	Phone no:	Guardian contacted:
Medical history indicated on waiver:	Event day indication of symptoms or medication taken:	On-site first aid performed by:  Exactly what first aid was performed:
EMS contacted:	Police report #:	Hospital name:

**History:** What happened? Give full details. Include information on where exactly the incident occurred, where volunteers were, number of individuals in the general area of the incident. State the environmental conditions if they were a factor. Use the back of the report for further information and diagrams if required.

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Any witnesses names, phone no. & address:

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**Follow-up** – Did someone call or go to hospital if needed? Condition of individual?

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Report completed by: \_\_\_\_\_



