

## RACE DAY REGISTRATION





Cotogory CODE

Race CODE:\_\_\_

Payment: C	Cash	Square							
LAST NAI	ME:		FII	RST NAME	E <b>:</b>				
SEX (circle	e): Male Fe	male <mark>Birthda</mark>	<mark>ite:</mark> /	/ A	ge on 12/31	/2018:			
Address:									
CITY:		STA	TE:	Z	ip:				
Phone:		E-M	ail Address:						
Emergency	ency Contact: Phone#:								
RACE CA	TEGORY (c	ircle):							
Age Group	Military	Novice A	thena Clydo	esdale	Master Clyd	esdale	Collegiate		
Aquabike	Paralympic	Assisted-Athle	te Male I	Relay Fe	emale Relay	Mixe	d Relay		
Fees: 1. In	ndividual USA SAT #:	Triathlon Me	mber(circle)	: \$115.00 Expiratio	Sprint n Date:	\$125.00 //_	Olympic		
	•	ee for USA Tri							
*A	Add: \$15.00 for n entry form is	\$165.00 Spri reach relay team required for each thlon Member (	member who h relay membe	is NOT an U er. (SUBMIT	SA Triathlor TOGETHE	n annual n R)	nember*		
U	SAT #:	Ex	piration Date:		(for this	relay tean	n member)		
		<b>Refund Policy</b>	: NO REFU	NDS/NO TI	RANSFERS	3			

Non-USA Triathlon Member Must Sign the Waiver On Back!