

EVENT REGISTRATION FORM

Please specify event you wish to enter: _____

Event date: _____ Entry fee enclosed: _____

Please Select Category Note - Race categories may vary in each event.

- Age Group
- Clydesdale/Athena
- Military
- Novice
- Fat Tire
- Relay Team

CHAMPIONCHIP

USA Triathlon Number

Last Name

Address

City _____ State _____ Zip (Postal) Code _____

Age _____ Sex (M-F) _____ Date of Birth (mm-dd-yy) _____ Daytime Phone _____ T-Shirt Size _____

E-mail Address _____ (SM-MD-LG-XL-2X)

Occupation

Relay Team Name (if applicable)

Payment Method

_____ Check # _____ Cash

Charge to my _____  _____  Total \$ _____

Account Number _____ Exp. Date (MM-YY) _____ 3 Digit Security Code _____

Signature _____ Date _____

FAX COMPLETED ENTRY TO:

352-394-1702

Or mail to: P.O. Box 121236, Clermont, FL 34712-1236