



Orlando, FL
September 5th

ENTER ME IN THE FOLLOWING INDIVIDUAL ENTRY CATEGORY (please check one)

- Age Group Mixed Age Physically Challenged
 I am an Athena Athlete (min 150 lbs) and wish to be scored against other Athena Athletes
 I am a Woman in Uniform and wish to be scored against other Women in Uniform
 I am a Cancer Survivor I wish to start the Race with fellow survivor

*If you would like to be considered for Elite, enter as Age Group, submit race results records at time of entry to mark@timberlinetiming.com. All who meet criteria will have their entry changed to Elite. Allow 10 days for changes to be reflected in the database.

ATHLETE INFORMATION: (please print clearly)

First Name: _____ Last Name: _____
 Age on 12/31/10: _____ Date of Birth: ____/____/____ Email: _____
 Street Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone (_____) _____ Alternate Phone (_____) _____
 I am an annual USA Triathlon Member Member #: _____
 I have my own ChampionChip Chip Code: _____

RACE DAY EMERGENCY CONTACT:

Name: _____ Relationship: _____
 Cell Phone (_____) _____ Home Phone (_____) _____

ENTRY FEE: (NO REFUNDS)

_____ \$105 plus _____ \$10 USA Triathlon One-Day Membership Fee/Insurance* **TOTAL PAID: \$** _____

*USA Triathlon non-members must include a \$10 fee for One-Day Membership for each entry. Annual USA Triathlon members are to provide member number on the form above and present membership card during Race Materials Pick Up to prove membership and avoid charge.

PAYMENT OPTIONS: (NO REFUNDS)

Check or Money Order payable in U.S. Funds to: **Trek Women Triathlon Series**

MC Visa Card #: _____ Exp. Date: _____ 3 Digit Security Code _____
 Name on Card: _____ Authorized Signature: _____

Your entry fee will appear on your credit card bill in the name of "Race Registration"

MAIL ENTRY WITH PAYMENT TO:
OR
FAX ENTRY WITH PAYMENT TO:
Trek Women Triathlon Series
Attn: Trek Women Triathlon Series
P.O. Box 609, Fort Collins, Colorado 80522
970-221-4196

(All mailed and faxed entries must be received at least 10 days prior to the event.)

REQUIRED ATHLETE WAIVER: Prior to participating, I agree to review the Trek Women Triathlon Series Waiver, available online prior to Race Weekend, and sign during Race Materials Pick Up. I have read and understand all the information regarding entry, entry categories, fees, USA Triathlon one-day membership fee and **NO REFUND** Policy. Entry is not considered valid unless signed and completed in its entirety. Participants under 18 must have parent or guardian sign.

Participant Signature: _____ Date: _____