



Orlando, FL
September 5th

ENTER ME IN THE FOLLOWING RELAY TEAM CATEGORY (please check one)

Family Friends Corporate Physically Challenged

RELAY TEAM NAME: _____

RELAY TEAM CAPTAIN 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 (____) _____
Race Day Emergency Contact: _____ Relationship: _____
 Cell Phone (____) _____ Home Phone (____) _____

RELAY TEAM MEMBER 2

First Name: _____
 Last Name: _____
Race Day Emergency Contact:
 Name: _____
 Relationship: _____
 Cell Phone (____) _____
 Home Phone (____) _____

RELAY TEAM MEMBER 3

First Name: _____
 Last Name: _____
Race Day Emergency Contact:
 Name: _____
 Relationship: _____
 Cell Phone (____) _____
 Home Phone (____) _____

I/we own a ChampionChip Chip Code: _____

ENTRY FEE: (NO REFUNDS)

_____ **\$180 per team plus \$10** USA Triathlon One-Day Membership Fee/Insurance **PER MEMBER**
 _____ **\$ 10** (captain) or I am a USA Triathlon Member Member #: _____
 _____ **\$ 10** (member 2) or I am a USA Triathlon Member Member #: _____
 _____ **\$ 10** (member 3) or I am a USA Triathlon Member Member #: _____
\$ _____ TOTAL PAID

*USA Triathlon non-members must include a \$10 fee for One-Day Membership for each member. 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
 P.O. Box 609, Fort Collins, Colorado 80522

Attn: Trek Women Triathlon Series
 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, we agree to review Trek Women Triathlon Series Waiver, available online prior to Race Weekend, and sign during Race Materials Pick Up. We 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: _____