

## Columbus, OH August 28, 2011

RELAY ENTRY FORM

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

Family     Friends     Corporate     Physically Challenged

**RELAY TEAM NAME:** \_\_\_\_\_

**RELAY TEAM CAPTAIN INFORMATION:**     This is my First Triathlon

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age on 12/31/11: \_\_\_\_\_ 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: \_\_\_\_\_

This is my First Triathlon

**Race Day Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

**RELAY TEAM MEMBER 3**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

This is my First Triathlon

**Race Day Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

I /we own a ChampionChip    Chip Code \_\_\_\_\_

**ENTRY FEE: (NO REFUNDS)**

\_\_\_\_\_ **\$160 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 \$10 fee One-Day fee. Annual USA Triathlon members are to provide member # above and present card during Packet Pick Up.

**PAYMENT OPTIONS: (NO REFUNDS)**    Entry fee will appear on your credit card bill in the name of "Race Registration"

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: \_\_\_\_\_

**MAIL ENTRY WITH PAYMENT TO:** Trek Women Triathlon Series, P.O. Box 609, Fort Collins, Colorado 80522

**FAX ENTRY WITH PAYMENT TO:** 970-221-4196, Attn: Trek Women Triathlon Series (Entries must be received at least 10 days prior to event)

Prior to participating, I agree to review and sign the Trek Women Triathlon Series Waiver at Packet Pick Up. I have read and understand all information regarding Entry, Categories, Fees and USA Triathlon One-Day Membership Fee. Entries are non-transferrable. There are **NO REFUNDS**. Participants are required to attend Packet Pick Up. This is related to insurance liability mandates. Participants must present their photo ID, and, if appropriate, their USAT annual membership card at time of Packet Pick-Up. Per USA Triathlon rules, each participant must pick up their own packet. **NO EXCEPTIONS**. Circumstances beyond the control of the Event Director (e.g. severe weather, changes in governmental policies affecting the event course, acts of God such as fire or flood or similar unforeseen circumstances) could cause substantial modification or even cancellation of the event you are entering. In the event of a Race cancellation, there will be **no refund** to participant or any reimbursement for event related expenses incurred by participants. Entry is not considered valid unless signed and completed in its entirety. Participants under 18 must have parent or guardian sign.  **By registering for this event, I acknowledge being made aware of and accept above policies**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TITLE SPONSOR



PLATINUM LEVEL SPONSORS



CHARITIES

