



Columbus, OH

July 25th

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

- Age Group       Mixed Age       Physically Challenged       Elite\*  
 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

\*Elite enter as Age Group, submit race results records at time of entry to [mark@timberlinetiming.com](mailto: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)**\_\_\_\_\_ \$85 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: \_\_\_\_\_