



**Columbus, OH**  
July 25th

**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)**

\_\_\_\_\_ **\$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 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

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, 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: \_\_\_\_\_