SRI Triathlon, October 2, 2010

Start Time 7:30 am

Name LAST NAME ☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐ **State** ☐☐ **Zip** ☐☐☐☐☐

Phone (☐☐☐)-☐☐☐-☐☐☐☐ **Age** (race day) ☐☐ **DOB** ☐☐/☐☐/☐☐

Male ☐ **Female** ☐ **Shirt size: S** ☐ **M** ☐ **L** ☐ **XL** ☐

Occupation: _____

USAT Number: _____

Email address: _____

Please check category:

☐ **Elite** (for very fast triathletes & pros) ☐ **Age Group** ☐ **Junior** (14-16) ☐ **Physically Challenged** ☐ **Clydesdale** ☐ **Athena**

☐ **Relay Team** (circle one below)

Male Female Coed Team name:_____

☐ **Swimmer**_____ ☐ **Biker**_____ ☐ **Runner**_____

I acknowledge that prior to completing registration I will be required to show a photo I.D. and sign the USA TRIATHLON acknowledgement waiver and release form. I am aware that failure to sign the waiver will disqualify me without refund of entry fee.

The Santa Rosa Island Triathlon reserves the right, in the event of inclement weather, emergency, or natural disaster to cancel the race or to start at a latter time. There will be no refund of entry fees for cancellation or for any other reason. NO EXCEPTIONS.

Participants signature_____ **Date**_____

Parent/Guardian (under 18)_____

Incomplete or unsigned entry form will not be accepted.

EMERGENCY Contact_____ PHONE_____

In case of emergency we must know of any allergies or medical problems-please attach information sheet where applicable.

Mail check or money order to: SRI-TRI, 2020 Utica Place, Pensacola, FL 32503-3234
Entry fee must accompany returned, signed form. You may include your $10.00 one day USAT membership fee with your entry fee.

OFFICE USE ONLY:

Check #_____	Amount $_____	Received _____