

ENTRY FORM

Please circle dates and events you wish to enter

(Teams are One or Two participants)

Championship Series April 18 May 16 June 13

Tri Express Series April 18 May 16 June 13

Categories:

Men's Relay Women's Relay Mixed Relay

Master's Relay 17 and Under Men's Relay

17 and Under Women's Relay

17 and Under Mixed Relay

Team Name _____

Swimmer: First Name _____

Last Name _____

Birthdate ___/___/___ Male / Female

Email _____

Best Phone _____

Address _____

City _____ St _____ Zip _____

USAT# _____

Biker: First Name _____

Last Name _____

Birthdate ___/___/___ Male / Female

Email _____

Best Phone _____

Address _____

City _____ St _____ Zip _____

USAT# _____

Runner: First Name _____

Last Name (Runner) _____

Birthdate ___/___/___ Male / Female

Email _____

Best Phone _____

Address _____

City _____ St _____ Zip _____

USAT# _____

**Send non-refundable Fees to TRI EVENTS by Check or CC To:
3222 Virginia Ave, CA 91791
You may also fax entry with CC# to 626-331-0160
Races held rain or shine. No Refunds!**

Circle one: Visa Master card Am Exp Discover

Credit Card# _____ Exp _____

Print Name on Card _____