



2009 Trihawks Triathlon Official Entry Form

Division (select one) **Individual** - Elite Age Group Clydesdale/Athena **OR Team** - Male Female Coed

Name: _____ Date of Birth: _____ Sex: _____
 First Last MM/DD/YY M/F

Address: _____
 Street City State Zip

Phone: _____ Email Address: _____ USAT # _____

T-shirt Size: Small Medium Large X-Large

Team Information

Team Name _____			
	Swimmer	Biker	Runner
Name			
T-Shirt Size	S M L XL	S M L XL	S M L XL
USAT #			

	Individual*	Team*
Student (must present a valid ID at packet pickup)	<input type="checkbox"/> \$40	<input type="checkbox"/> \$75
Postmarked before 5/31	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85
Postmarked between 6/1 and 7/31	<input type="checkbox"/> \$65	<input type="checkbox"/> \$100
Postmarked after 8/1	<input type="checkbox"/> \$70	<input type="checkbox"/> \$110
USAT Members One-Day Membership	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10 X # of team members _____
Total Enclosed	_____	_____

*All Non-USAT members must purchase a one-day membership

Please make checks payable to: Trihawks Triathlon
 Mail to: Trihawks Triathlon
 260 IMU
 Iowa City, IA 52242