Hy-Vee triathlon

Hy-Vee Age Group Triathlon
Des Moines, Iowa

REGISTRATION

*5150 US Championship athletes must register on Active.com upon notification after qualifying

1 First Name

2 Last Name

3 Birthdate (M M D D Y Y) 4 Age 5 Sex (M F) 6 Hy-Vee Employee (Y N)

For Office Use Only

7 Address

7b Address (Line 2)

8 City

9 State 10 Postal Code – 11 Country

12 Cell Phone Number

13 Phone (Night)

14 Division: AG Age Group, C Clydesdale, A Athena, PT Para Triathlete

15 MT Male Team, FT Female Team, XT Mixed Team

*Corporate Challenge teams must register online.

16 Email

17a Emergency Contact (person must not be participating in same event) 17b Emergency Phone Number

18 Race Jersey: XS S M L XL 2XL 3XL

I understand that all entries are final, with NO REFUND, and that the race organizers reserve the right in the event of an emergency or local national disaster to cancel the race or to change the day/time of the event and that there is NO REFUND of entry fees.

EACH TEAM MEMBER MUST FILL OUT A FORM AND ALL MUST BE MAILED IN TOGETHER.

19 Teammate #2

20 Teammate #3

21 Team Name

Teammate #1 Leg of Race: S Swim B Bike R Run

Teammate #2 Leg of Race: S Swim B Bike R Run

Teammate #3 Leg of Race: S Swim B Bike R Run

Any health issues of which the race/medical staff should be aware:

22

23 Entry Fees and Payment Method

USAT Member # #

Membership card and photo ID MUST be presented at packet pick-up

Individual Race Entry Fee.....$99 _____

Individual USAT Non-Member Fee.....$12 _____
Required for Non-Members and Lost Cards

Relay Team Race Entry Fee.....$150 _____

Relay Team USAT Non-Member Fee.....$12 *(per person)* _____

Total = _____

Total Payment/Credit Card Charge

Make Check payable and mail to: **Hy-Vee Triathlon**
P.O. Box 10427
Harahan, LA 70181

How did you hear about the Hy-Vee Triathlon?

❑ Hy-Vee Store ❑ Online ❑ TV ❑ Radio ❑ Newspaper ❑ Magazine ❑ Friend
❑ Other_____

Entry forms must be postmarked by July 1, 2012.
**After July 1st, you must register online or on race weekend*

PROMOTIONAL CODE

Payment Method

❑ **Check Enclosed**
❑ **Visa**
❑ **MasterCard**

Card # Please Print Legibly

Credit Card Entries not accepted via fax

Exp. Date ___/___ CCV#: ___ This is the last three digits on the back of your VISA or MasterCard

Cardholder's Name:

Signature: