



West Des Moines, Iowa | June 12 & 13, 2010

REGISTRATION FORM

1 First Name

2 Last Name

3 Birthdate 4 Age 5 Sex 6 Hy-Vee Employee

7 Address

7b Address (Line 2)

8 City

9 State 10 Postal Code 11 Country

12 Phone (Day)

13 Phone (Night)

14 Division

15 Email

16a Emergency Contact 16b Emergency Phone Number

17 Race Jersey

18a Teammate #2

18b Teammate #2 Leg of Race

19a Teammate #3

19b Teammate #3 Leg of Race

20 Team Name

For Office Use Only

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.

***TEAMS:** Each member of your team must fill out an entry form and they all must be submitted together

21 Entry Fees and Payment Method

(Entries must be postmarked/received 14 days prior to event for EARLY entry rate)

USAT Member # _____ # _____
 Membership card and photo ID MUST be presented at packet pick-up

	Early (Pre: 1/31/10)	Late (Pre: 3/31/10)	Pre-Race (Pre: 6/1/10)	Race Weekend
Non-Member One-Day Fee..... Required for Non-Members and Lost Cards	\$10	\$10	\$10	\$10
Individual	\$115	\$125	\$150	\$175
Team	\$120	\$150	\$180	\$210

Total Payment/Credit Card Charge

Make Check payable and mail to:

Hy-Vee Triathlon
 Premier Event Management
 P.O. Box 10427
 Harahan, LA 70181

PROMOTIONAL CODE

Entry forms must be postmarked by June 1, 2010.

- 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: _____

Payment Method