

Red Hills

triathlon 2009

Last Name: _____ First: _____ MI _____

Address _____

City _____ St _____ Zip _____

First Time Triathlete? Yes No Phone# _____

Age (on 12/31/09) _____ DOB _____ Male Female

Choose one: Age Group or Clydesdale/Athena

USAT # _____ Champion Chip # _____

Email Address _____

T-shirt Size: SM MED LG XL XXL

Participant Signature _____ Date _____

Parent/Guardian (under 18) _____

Incomplete or unsigned entry forms will not be accepted.

Emergency Contact _____ Phone _____

Pre-existing Medical condition we should be aware of _____

Registration Fees and Deadlines

Limited to the first 300 entries

NO RACE DAY REGISTRATION

\$75 received on or before 03/01/2009, \$85 received after 03/01/2009

No refund of fees after Feb 1, 2009; Refunds will be assessed a \$5 processing fee; Entry fees CANNOT be transferred.

Right to cancel or reschedule:

The Red Hills Triathlon, Inc. reserves the right to cancel the race or start at a later time. This would only be done for inclement weather, emergencies, or natural disasters. In the event of a cancellation there will be no refunds of entry fees. In the event of a cancellation for any other reason there will be no refund of entry fees.

Make Checks payable to:

RED HILLS TRIATHLON

PO Box 3063

Tallahassee, FL 32315-3063

PLEASE LEAVE BLANK-OFFICIAL USE ONLY

Check # _____ Amount \$ _____ Received _____