

WINNEYSVILLE SPRINT TRIATHLON REGISTRATION FORM

NAME _____

NAME TEAM 1) _____ 2) _____ 3) _____

ADDRESS _____

GENDER ___ / ___ / ___ BIRTHDATE ___ / ___ / ___ AGE ___ / ___ / ___

EMAIL _____

DAY PHONE# _____ EVENING PHONE # _____

T-SHIRT SIZE(S) _____ / _____ / _____

USA TRIATHLON MEMBER NUMBER _____ / _____ / _____

AMOUNT PAID _____ CATEGORY _____

SPRINT TRIATHLON

\$50 USAT MEMBER INDIV

\$60 NON USAT MEMBER INDIV

\$75 USAT MEMBER TEAM

\$105 NON USAT MEMBER TEAM

ADD \$10 LATE FEE IF POSTMARKED ON 22 AUGUST 2009

Make Checks Payable to Valdosta/Lowndes Sports Commission

MAIL ENTRY FORMS TO

TYRA HOWARD

VALDOSTA/LOWNDES CONVENTION CENTER

1 MEETING PLACE

VALDOSTA GA 31601