

Tidewater Triathlon - Race Day Registration

(For Timers Only) Bib #: _____ Cat: _____ Race: _____

Name (Last): _____

Name (First): _____

Sex (Circle): Male Female | Birth Date: ___/___/___ | Age on 12/31/17: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Race Category (Circle): Age Group Military Athena Clydesdale

Master Clydesdale Novice Paralympic/Assisted Collegiate Male Relay

Female Relay Mixed Relay Aqua-Bike

Team Name (if Relay): _____

Fees:

1. **Individual USAT Member: Sprint: \$ 105**

USAT #: _____ Expiration Date: ___/___/___

2. **Individual Non-USAT Member: Sprint: \$120**

(MUST SIGN WAIVER)

3. **Relays: Sprint: \$180 (one fee for the team)**

* Add: \$15.00 for each relay team member who is NOT a USAT annual member*

An entry form is required for each relay member. (SUBMIT TOGETHER)

USAT #: _____ Expiration Date: ___/___/___ (for this relay team member)

Payment: Paid by: Cash _____ Credit Card _____

Refund Policy: NO REFUNDS/NO TRANSFERS

Non-USAT Mem Must Sign the Waiver!