



2010 ENTRY FORM

Fill out pdf on your computer, print, sign and mail with check payable to: Grand Haven Triathlon, LLC

Mail to:
 Grand Haven Triathlon, LLC
 17635 Connie Dr.
 Spring Lake, Mi. 49456

	until 1/11/F€	until 7/€J/F€	on 7/1€F€
Individual (all events):	\$72.50	\$82.50	\$92.50
Relay (per leg):	\$40	\$45	\$50
Kids:	\$30	\$35	\$45

First Name: Last Name: MI:

Street:

City: State: Zip:

Country: Day Phone: Evening Phone:

Email:

Birthdate (mm/dd/yyyy): Age on 12/31/F€ (USAT Age Rule):

Gender: Classification: Event:

**** PLEASE NOTE: Corporate Relay ONLY available for the Olympic Distance Triathlon**

RELAY ONLY >> Team Name: Event Leg:

Championship # (if you own one): Shirt Size:

USAT # (if annual member): non-members must purchase a one-day license at packet pickup

Emergency contact person (NOT participating in this event):

Emergency contact phone (please give cell if spectating this event):

Emergency contact relationship (spouse, brother, parent, etc.):

MEDICAL INFORMATION

Health problems being followed by a doctor:

Current medications you are taking:

Medication allergies:

Insect or other sting hypersensitivity:

Other issues the med team should know about:

Will you be wearing contact lenses during this event?:

Signature of participant (parent or guardian if under 18) Date

Participant required to sign USAT waiver at registration

\$
 Amt. Enclosed