

# ENTRY FORM

One entry per form. This form may be photocopied. Please print legibly and USE BLUE OR BLACK INK ONLY.

Office use only

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FIRST NAME

LAST NAME

AGE ON RACE DAY  AGE ON 12/31/16  DATE OF BIRTH  /  /

USAT #  SEX:  M  F

STREET ADDRESS

CITY

STATE  ZIP

DAY PHONE  -  -

EMAIL ADDRESS

**For Relay Teams:** Captain fills out registration form above, list names and email addresses of teammates below.

**Relay Category:** (Check one)  MALE  FEMALE  MIXED

TEAM NAME

FIRST NAME

LAST NAME

EMAIL ADDRESS

AGE ON 12/31/16  DATE OF BIRTH  /  /

USAT #

**T-Shirt Size:**  S  M  L  XL  XXL

FIRST NAME

LAST NAME

EMAIL ADDRESS

AGE ON 12/31/16  DATE OF BIRTH  /  /

USAT #

**T-Shirt Size:**  S  M  L  XL  XXL



Saturday, November 19, 2016

Sunday, November 20, 2016

**Division (TRIATHLON ONLY):**

AGE GROUP  ATHENA (women 150 lbs. +)  CLYDESDALE (men 200 lbs. +)

**T-Shirt Size:**  S  M  L  XL  XXL  CHILD'S MEDIUM

**Entry Fees:** (Make checks payable to Renegade Racing)

	UNTIL 5/31	UNTIL 7/31	UNTIL 9/30	UNTIL 10/31	AFTER 10/31	
<b>San Dimas Turkey Trot 10K</b>	\$28	\$32	\$35	\$37	\$42	\$ _____
<b>San Dimas Turkey Trot 5K</b>	\$25	\$28	\$30	\$32	\$37	\$ _____
<b>Kids Trot</b>	\$12	\$15	\$17	\$20	\$23	\$ _____
<b>Turkey Tri INDIVIDUAL</b>	\$85	\$95	\$105	\$115	\$125	\$ _____
<b>Turkey Tri 3-PERSON RELAY TEAM</b>	\$100	\$120	\$140	\$160	\$180	\$ _____
<b>Pumpkin Pie Kids Duathlon</b>	\$30	\$35	\$40	\$45	\$50	\$ _____

**USAT 1-Day License** (TRIATHLON & DUATHLON ONLY)

TRIATHLON \$15  RELAY \$15/per person  YOUTH \$10 \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

\* If available

Visa  MC  Am Ex

Billing Zip Code

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**WAIVER**

By checking the box I agree to the terms within the USAT waiver. Copies of the waiver can be found on [www.usatriathlon.org](http://www.usatriathlon.org) or by calling Renegade Racing at (949) 975-1812 for a mailed or faxed copy.

Signature of Participant (Signature of Parent or Guardian if under 18) \_\_\_\_\_

Date \_\_\_\_\_

**RACE DAY EMERGENCY CONTACT:**

Name (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_

**ENTRY FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

**RACES HELD RAIN OR SHINE.**

**MAIL TO:**

22600-C Lambert Street, Suite 910

Lake Forest, CA 92630

949-975-1812 PHONE • 949-975-1814 FAX

**RENEGADE RACE SERIES**

