

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 12/31/17 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 12/31/17 DATE OF BIRTH / /

USAT #

T-Shirt Size: S M L XL XXL

FIRST NAME

LAST NAME

EMAIL ADDRESS

AGE ON 12/31/17 DATE OF BIRTH / /

USAT #

T-Shirt Size: S M L XL XXL



Saturday, November 18, 2017



Sunday, November 19, 2017

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 | |
|---------------------------------------|------------|------------|------------|-------------|-------------|----------|
| San Dimas Turkey Trot 10K | \$30 | \$33 | \$37 | \$40 | \$43 | \$ _____ |
| San Dimas Turkey Trot 5K | \$27 | \$30 | \$32 | \$35 | \$39 | \$ _____ |
| Kids Trot | \$12 | \$15 | \$17 | \$20 | \$23 | \$ _____ |
| Turkey Tri INDIVIDUAL | \$90 | \$100 | \$110 | \$120 | \$130 | \$ _____ |
| Turkey Tri 3-PERSON RELAY TEAM | \$105 | \$130 | \$150 | \$170 | \$190 | \$ _____ |
| Pumpkin Pie Kids Duathlon | \$30 | \$33 | \$36 | \$39 | \$42 | \$ _____ |

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 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

