

Catalina Island TRIATHLON, DUATHLON & 5K



Sprint Triathlon
Swim 0.5mi | Bike 15k | Run 3.1mi

Duathlon
Run 3.1mi | Bike 15k | Run 3.1mi

Compete as an individual or part of a relay team!

5K Run

Saturday, November 4, 2017
Avalon, California

ENTRY FEES (Make checks payable to Renegade Racing)

	UNTIL 4/30	UNTIL 6/30	UNTIL 8/31	UNTIL 10/17	AFTER 10/17	
Sprint Triathlon (Ages 12+)	\$85	\$95	\$105	\$115	\$125	\$ _____
Sprint Tri Relay (Ages 12+)	\$110	\$120	\$130	\$140	\$150	\$ _____
Duathlon (Ages 12+)	\$85	\$95	\$105	\$115	\$125	\$ _____
Duathlon Relay (Ages 12+)	\$110	\$120	\$130	\$140	\$150	\$ _____
5K Run (Ages 8+)	\$25	\$28	\$31	\$33	\$37	\$ _____
USAT 1-Day License (Triathlon only)						\$ _____
<input type="checkbox"/> TRIATHLON	\$15	<input type="checkbox"/> RELAY	\$15/per person	<input type="checkbox"/> YOUTH (17 AND UNDER)		\$10
TOTAL AMOUNT ENCLOSED						\$ _____

Visa MC Am Ex
Billing Zip Code CVV Number

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.

Please make checks payable to Renegade Racing

MAIL TO:
22600-C Lambert Street, Suite 910, Lake Forest, CA 92630
949-975-1812 PHONE • 949-975-1814 FAX

RENEGADE RACE SERIES
WWW.RENEGADERACESERIES.COM



Office use only

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ONE ENTRY PER FORM. THIS FORM MAY BE PHOTOCOPIED. PLEASE PRINT LEGIBLY AND USE BLUE OR BLACK INK ONLY.

I am registering for: (check one only)

- Sprint Triathlon (Ages 12+) Duathlon (Ages 12+)
 Relay Sprint Triathlon (Ages 12+) Relay Duathlon (Ages 12+)
 5K Run (Ages 8+)

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

T-Shirt Size S M L XL Child's M Child's S

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 Check one: SWIM BIKE RUN

TEAMMATE 1 LAST NAME

EMAIL ADDRESS

USAT # AGE ON 12/31/17

T-Shirt Size S M L XL Child's M Child's S

FIRST NAME Check one: SWIM BIKE RUN

TEAMMATE 2 LAST NAME

EMAIL ADDRESS

USAT # AGE ON 12/31/17

T-Shirt Size S M L XL Child's M Child's S