



2017 HVTC Summer Tri-Series

(Please print clearly!)

Event: _____

Event Date: _____

USAT Membership #: _____ (\$15.00 if NOT a USAT Member)

First Name: _____

Last Name: _____

Gender: M or F

Date of Birth: _____

Age on December 31st, 2017: _____

E-Mail: _____

Re-Enter E-Mail: _____

Day Phone: _____

Ext: _____

Evening Phone: _____

Cell Phone: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____

State: _____

Zip: _____

Country: _____

How did you hear about this event?

Race Fee: \$90.00* (no relay teams) plus \$15.00 if NOT a USA Triathlon Member

Check/Money Order or Cash: \$ _____ (Total)

(Payable to HVTC and mailed to 370 Coldbrook Rd. Bearsville, NY 12409)

*There is NO REFUND for this race!

Signature

Thank You!