

LEXINGTON, MICHIGAN 4TH ANNUAL TRIATHLON

Age Group	Age	Male	Female	Sprint or Olympic	Team (Indicate Male, Female or Co-Ed)
< 19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-70					
> 70					

Name _____
 Address _____
 City _____ State _____ Zip _____

Phone (Home) _____ (Day of Race) _____

Email Address _____

Emergency Contact _____

Emergency Phone Number _____

Age _____

Parent/Guardian Signature (if under 18) _____

Team Member Names (**All Team Members must sign a waiver**): _____

Adult T-shirt Size: (indicate quantity) ___ S ___ M ___ L ___ XL

Amount enclosed: \$50/individual ___ \$70/team

ONSITE REGISTRATION ADD \$10.00

MANDATORY WAIVER ON BACK OF THIS PAGE. REGISTRATIONS WILL NOT BE ACCEPTED IF NOT SIGNED.

Make checks payable and mail forms to:

Lexington Michigan Triathlon
 5408 Union Street
 Lexington, MI 48450

(810) 359-2830

E-mail: dklaas@lexingtontriathlon.org

NO REFUNDS. FORMS MUST BE RECEIVED BY 7/12/11

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