

Dirty Rock Triathlon Registration Form

Bib # _____

Circle One:

Age Group Athena/Clydesdale Corporate Relay

First Name: _____

Last Name: _____

Gender: Male Female Date of Birth: _____ / _____ / _____

Email: _____

Day Phone: (_____) _____ - _____

Evening Phone: (_____) _____ - _____

Address: _____

City: _____

State: _____ Zip: _____

Estimated 150 yard swim time: _____

How would you classify your mountain biking? Beginner Intermediate Advanced

USAT#: _____ Is this your first triathlon? YES NO

T-Shirt Size:

Men
S M L XL XXL

Women
X S M L XL

Emergency Name: _____

Emergency Phone: _____ Relationship: _____

Company Name (Corporate Relay Only): _____

Relay Team Member #2:

Name: _____

USAT#: _____

Relay Team Member #3

Name: _____

USAT#: _____

T-Shirt Size Relay Team Member #2:

Men
S M L XL XXL

Women
XS S M L XL

T-Shirt Size Relay Team Member #3:

Men
S M L XL XXL

Women
XS S M L XL

Mail entry form and make checks payable to:

Rockwall YMCA
1210 North Goliad
Rockwall, TX 75087