

King Tut Triathlon Registration Form

Bib # _____

Circle One:

Open Wave(Elite) Age Group Athena/Clydesdale Sprint Relay My First Tri

First Name: _____

Last Name: _____

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

Email: _____

Day Phone: (_____) _____ - _____

Evening Phone: (_____) _____ - _____

Address: _____

City: _____

State: _____ Zip: _____

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

T-Shirt Size:

Men
S M L XL XXL

Women
XS S M L XL

Emergency Name: _____

Emergency Phone: _____ Relationship: _____

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:

Playtri Racing
6333 E. Mockingbird Lane, Suite 147 PMB 876
Dallas, TX 75214