2017 RELAY TEAM REGISTRATION FORM

Mail To: Team Magic, Inc. | 2315 Eugenia Ave | Nashville, TN 37211

CHECK	Event	Date	Location	Distance	Early	Standard	Late Fee	Site Fee
	Capital of Dreams Triathlon	4/29/17	Montgomery, AL	400m S I 20k B I 5k R	$185 by 1/31	$195 by 4/9	$220 after	$230
	Capital of Dreams Sprint Triathlon	4/29/17	Montgomery, AL	1.5k S I 40k B I 10k R	$100 by 1/31	$110 by 4/9	$130 after	$140
	Buster Britton Memorial Triathlon	6/10/17	Pelham, AL	400yd S I 13mi B I 3mi R	$105 by 1/31	$115 by 5/21	$135 after	$145
	Chattanooga Waterfront Triathlon	6/25/17	Chattanooga, TN	1.5k S I 42k B I 10k R	$185 by 1/31	$200 by 6/4	$225 after	$235
	Chattanooga Waterfront Sprint Tri	6/25/17	Chattanooga, TN	.25mi S I 10.5mi B I 3mi R	$100 by 1/31	$110 by 6/4	$130 after	$140
	Music CIty Triathlon	7/23/17	Nashville, TN	1.5k S I 45k B I 10k R	$185 by 1/31	$200 by 7/2	$225 after	$235
	Music City Sprint Triathlon	7/23/17	Nashville, TN	300m S I 22.5k B I 3k R	$115 by 1/31	$125 by 7/2	$145 after	$155
	Mountain Lakes Endurance Tri	8/5/17	Guntersville, AL	1mi S I 32.4mi B I 8mi R	$185 by 1/31	$200 by 7/16	$225 after	$235
	Mountain Lakes Sprint Triathlon	8/5/17	Guntersville, AL	600yd S I 16.2mi B I 3mi R	$100 by 1/31	$110 by 7/16	$130 after	$140
	Cedars of Lebanon Triathlon	8/26/17	Lebanon, TN	200yd S I 10mi B I 2mi R	$100 by 1/31	$110 by 8/6	$130 after	$140
	Alabama Coastal Triathlon	9/9/17	Gulf Shores, AL	1.5k S I 24mi B I 6mi R	$185 by 1/31	$200 by 8/20	$225 after	$235
	Coastal Tri-It-On Triathlon	9/9/17	Gulf Shores, AL	300yd S I 10mi B I 2mi R	$100 by 1/31	$105 by 8/20	$125 after	$135

Category (circle one type of team:) Male | Female | Mixed Gender | Family | Corporate

Swimmer Name: first last Gender: M or F Date of Birth: month | day | year

Address: street city state zip Phone: xx-xxx-xxxxx

E-mail Address: *write legibly please - important for race communication* Team or Club Affiliation: _____

Shirt Size (please circle choice of neutral & specific:) *Gender Neutral* *XS S M L XL XXL* *Gender Specific* *XS S M L XL XXL*

Emergency Name & Phone: _____

USA Triathlon # _____ (if not a member pay extra 1-day insurance of $15 adult / $10 youth for each Team Member not a member of USAT)

Biker Name: first last Gender: M or F Date of Birth: month | day | year

Address: street city state zip Phone: xx-xxx-xxxxx

E-mail Address: write legibly please - important for race communication Team or Club Affiliation: _____

Shirt Size (please circle choice of neutral & specific:) Gender Neutral XS S M L XL XXL Gender Specific XS S M L XL XXL

Emergency Name & Phone: _____

USA Triathlon # _____ (if not a member pay extra 1-day insurance of $15 adult / $10 youth for each Team Member not a member of USAT)

Runner Name: first last Gender: M or F Date of Birth: month | day | year

Address: street city state zip Phone: xx-xxx-xxxxx

E-mail Address: *write legibly please - important for race communication* Team or Club Affiliation: _____

Shirt Size (please circle choice of neutral & specific:) *Gender Neutral* *XS S M L XL XXL* *Gender Specific* *XS S M L XL XXL*

Emergency Name & Phone: _____

USA Triathlon # _____ (if not a member pay extra 1-day insurance of $15 adult / $10 youth for each Team Member not a member of USAT)

Estimated Swim Time_____**Estimated Finish Time**_____ (list on back for each race if signing up for multiple events)

Total Payment: _____ ***NOTE:*** *Please list any medical conditions and notes for race announcer on the back of this form*