



2017 RELAY TEAM REGISTRATION FORM-2 PERSON

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 20k B 5k R	\$160 by 1/31	\$170 by 4/9	\$195 after	\$205
	Capital of Dreams Sprint Triathlon	4/29/17	Montgomery, AL	1.5k S 40k B 10k R	\$85 by 1/31	\$95 by 4/9	\$115 after	\$125
	Buster Britton Memorial Triathlon	6/10/17	Pelham, AL	400yd S 12mi B 3mi R	\$90 by 1/31	\$100 by 5/21	\$120 after	\$130
	Chattanooga Waterfront Triathlon	6/25/17	Chattanooga, TN	1.5k S 42k B 10k R	\$160 by 1/31	\$170 by 6/4	\$200 after	\$210
	Chattanooga Waterfront Sprint Tri	6/25/17	Chattanooga, TN	.25mi S 10.5mi B 3mi R	\$85 by 1/31	\$95 by 6/4	\$115 after	\$125
	Music City Triathlon	7/23/17	Nashville, TN	1.5k S 45k B 10k R	\$160 by 1/31	\$170 by 7/2	\$200 after	\$210
	Music City Sprint Triathlon	7/23/17	Nashville, TN	300m S 22.5k B 3k R	\$100 by 1/31	\$110 by 7/2	\$130 after	\$140
	Mountain Lakes Endurance Tri	8/5/17	Guntersville, AL	1mi S 32.4mi B 8mi R	\$160 by 1/31	\$170 by 7/16	\$200 after	\$210
	Mountain Lakes Sprint Triathlon	8/5/17	Guntersville, AL	600yd S 16.2mi B 3mi R	\$85 by 1/31	\$95 by 7/16	\$115 after	\$125
	Cedars of Lebanon Triathlon	8/26/17	Lebanon, TN	200yd S 10mi B 2mi R	\$85 by 1/31	\$95 by 8/6	\$115 after	\$125
	Alabama Coastal Triathlon	9/9/17	Gulf Shores, AL	1.5k S 24mi B 6mi R	\$160 by 1/31	\$170 by 8/20	\$200 after	\$210
	Coastal Tri-It-On Triathlon	9/9/17	Gulf Shores, AL	300yd S 10mi B 2mi R	\$85 by 1/31	\$90 by 8/20	\$110 after	\$120

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

Member One: 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)

Member Two: 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)

TEAM NAME: _____

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