



2019 2-PERSON RELAY TEAM ENTRY FORM

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

Event	Date	Location	Distance	Early Fee	Standard Fee	Late Fee
Capital of Dreams Intermediate Triathlon	5/4/19	Montgomery, AL	400m S 20k B 5k R	\$130 by 1/31	\$140 by 4/5	\$160 after
Capital of Dreams Sprint Triathlon	5/4/19	Montgomery, AL	1.5k S 40k B 10k R	\$90 by 1/31	\$100 by 4/5	\$120 after
Buster Britton Memorial Triathlon	6/8/19	Pelham, AL	400yd S 12mi B 3mi R	\$90 by 1/31	\$100 by 5/10	\$120 after
Chattanooga Waterfront Intermediate Triathlon	6/23/19	Chattanooga, TN	1.5k S 40k B 10k R	\$150 by 1/31	\$160 by 5/31	\$180 after
Chattanooga Waterfront Sprint Triathlon	6/23/19	Chattanooga, TN	400m S 20k B 5k R	\$110 by 1/31	\$120 by 5/31	\$140 after
Mountain Lakes Endurance Triathlon	7/13/19	Guntersville, AL	1mi S 32.4mi B 6mi R	\$130 by 1/31	\$140 by 6/14	\$160 after
Mountain Lakes Sprint Tri	7/13/19	Guntersville, AL	600y S 16.2mi B 3mi R	\$90 by 1/31	\$100 by 6/14	\$120 after
Music City Intermediate Triathlon	7/27/19	Nashville, TN	1.5k S 44k B 10k R	\$150 by 1/31	\$160 by 6/28	\$180 after
Music City Sprint Triathlon	7/27/19	Nashville, TN	300m S 22k B 3k R	\$110 by 1/31	\$120 by 6/28	\$140 after
Tri Nashville Triathlon	8/25/19	Nashville, TN	200m S 10mi B 2mi R	\$90 by 1/31	\$100 by 7/26	\$120 after
Alabama Coastal Triathlon	9/7/19	Gulf Shores, AL	1.5k S 40k B 6mi R	\$140 by 1/31	\$150 by 8/9	\$170 after
Coastal Tri-It-On Triathlon	9/7/19	Gulf Shores, AL	300m S 20k B 2mi R	\$90 by 1/31	\$100 by 8/9	\$120 after
Renaissance City Sprint Triathlon	9/22/19	Florence, AL	400m S 24k B 5k R	\$90 by 1/31	\$100 by 8/23	\$120 after
Renaissance City Intermediate Triathlon	9/22/19	Florence, AL	1.5k S 40k B 10k R	\$130 by 1/31	\$140 by 8/23	\$160 after

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