



GRAND VALLEY DUATHLON

Sunday June 2, 10:00am
Pre-Race Meeting 9:30

Registration:

Individual
 Relay Partner Name: _____ (use two forms & staple)

Register by May 25: \$25 Individual, \$35 Relay. After May 25: \$40 Individual, \$50 Relay.

First Name: _____ Last Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Telephone: (H) _____ (Cell) _____

E-mail: _____

Birthday (dd/mm/yyyy) _____ Age: _____

(Must be 16 years old by December 31, 2018)

M F

Tri Membership Number (If Applicable): _____

Emergency Contact Person:

Name: _____

Phone Number: _____

For Admin Use Only:

Race Number: _____

Tri Mb Member: _____

Paid: _____

Waiver: _____

Email List: _____

In iPad: _____

Signature: _____ Date: _____

Sponsored by:

