

LECOM

THE JOHN M. & SILVIA FERRETTI
MEDICAL FITNESS & WELLNESS CENTER

INDOOR TRIATHLON INDIVIDUAL ENTRY FORM

Saturday, April 13, 2019

Member \$35 Non-Member \$45

Method of Payment:

Cash \$ _____ Check \$ _____ Credit Card \$ _____ House Charge \$ _____

***Organize your "heat" of 4 participants and save \$5 on each registration! Registrations must be turned in together to receive discount.**

Participant Information

Name _____ Phone _____

Address _____ Email _____

City/State _____ Zip _____ M / F

DOB _____ AGE (on day of event) _____ T-shirt size _____

Preferred Start Time _____ 8AM-12PM; Waves begin on the half hour, subject to availability. Additional times will be opened as needed.

***Registration received by March 30th will receive a t shirt. Registration will be accepted through April 12th but shirts are *not guaranteed* after March 30, 2019.**

**Return entry form with payment to the Member Services Desk
Good luck to all participants!**

