

REGISTRATION FORM

JUNE 21, 2009



ST. ALBANS KID'S TRIATHLON

CHILD NAME: _____

BIRTH DATE: _____

PARENTS NAME: _____

AGE AS OF
DEC. 31, 2009

CIRCLE SEX: MALE FEMALE

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHILD T-SHIRT SIZE: S ___ M ___ L ___

ADULT T-SHIRT SIZE: S ___ M ___ L ___

SWIM DISTANCES: (*NOTE: SWIMMERS MUST BE ABLE TO COMPLETE THE DISTANCE IN 6 MINUTES OR LESS)

7-10 YEAR OLDS

11-14 YEAR OLDS

100 METERS (4 LAPS)

200 METER (8 LAPS)

REGISTRATION:

\$46.00 BY JUNE 15TH

\$55.00 RACE DAY IF SPACE IS AVAILABLE

ONLINE REGISTRATION @ WWW.TRIMIDAMERICA.ORG

OR MAIL IN REGISTRATION FORM TO: 17295 CHESTERFIELD AIRPORT RD
CHESTERFIELD, MO 63005

PLEASE MAKE CHECKS PAYABLE TO: TRI MID-AMERICA, INC.

OFFICIAL USE ONLY

RACE NUMBER: _____

HEAT: _____

AGE DIVISION: 7-8 ___ 9-10 ___ 11-12 ___ 13-14 ___

AN ATHLETE'S WAIVER MUST BE SIGNED BY PARENT AT PACKET PICK-UP

QUESTIONS CAN BE ADDRESSED BY CONTACTING JEFF HINDMAN AT: 636.777.7850 OR JHINDMAN@THEHINDMANGROUP.COM