

XTERRA Rock Hopper Triathlon

PERSONAL INFORMATION

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Age _____ Date of Birth _____/_____/_____ USAT # _____

Email Address _____ Phone Number _____

USAT Number _____

Small Medium Large Extra Large XX-Large (+\$2.50 for XXL)

RACE

Please circle Age Group Clydesdale Athena Challenged Athlete

FEES

Individual

Before 8/31

Before 9/30

Before 10/13

\$75

\$85

\$95

Relay

\$100

\$125

Make checks payable to **4 PEAKS RACING** and remit to:

4 PEAKS RACING

PO Box 74545

Phoenix AZ 85087

PRINT NAME _____ DATE _____

SIGNATURE (Guardian to sign if under 18) _____