



Springhill Medical Center

GRANDMAN *Triathlon*



June 5, 2010 * 7:00 am * Fairhope, AL

CATEGORY (Choose only one):

Standard: _____ Clydesdale: _____ Athena: _____
*First Timer: _____ Fat Tire: _____ **Team: _____

*First Timer category is reserved for racers participating in his/her first triathlon ever. Change fees will be charged if changes are required.

**For teams, each team member must fill out an application. The team will not be registered until we have signed applications from all team members!

Shirt Size: S M L XL XXL

Last Name: _____

First Name: _____

Age: _____ Birthdate: _____ Sex: _____

USAT Member (Y/N) #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Emergency Phone #: _____

Email Address: _____

Signature: _____

Total Amount Enclosed: _____

MAKE CHECKS PAYABLE TO:
Grandman Triathlon – Mobile Baykeeper
300 Dauphin Street, Suite 200
Mobile, AL 36602
For questions, call 251-433-4229