



TriAncilla Registration Form

Event Date: Sept. 27, 2014

PLEASE COMPLETE BOTH THE ENTRY FORM AND WAIVER(s).

Field is limited to the first 200 registrants.

| | INDIVIDUAL <i>or</i> 1 ST Team Member - Swim | 2 ND Team Member - Bike | 3 RD Team Member - Run | |
|---|--|--|--|---------|
| LAST NAME: | | | | |
| FIRST NAME: | | | | |
| ADDRESS: | | | | |
| CITY: | | | | |
| STATE: | | | | |
| ZIP: | | | | |
| PHONE: | () | () | () | |
| BIRTHDATE: | | | | |
| AGE (as of 12/31/13): | | | | |
| SEX: | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| SHIRT SIZE: | <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | |
| E-MAIL ADDRESS | | | | |
| USAT NO. | | | | |
| TO ENTER BY TEAM: Three Categories (Please check one) | Ancilla College | FEES FOR PARTICIPATION | | |
| <input type="checkbox"/> ALL MALE | | USAT MEMBER: | \$60.00 | \$_____ |
| <input type="checkbox"/> ALL FEMALE | | NON-USAT MEMBER: | \$73.00 | \$_____ |
| <input type="checkbox"/> Mixed CO-ED Team | | TEAM: | \$130.00 <small>*Add \$13 for each USAT membership needed</small> | \$_____ |
| Mail completed form, waiver(s) on back, and check, payable to Ancilla College: | <small>Registrations received after 9/12/14 forfeit all rights to a T-shirt</small> | | | |
| Ancilla College Office of Institutional Advancement P.O. Box 1 Donaldson, IN 46513 | THE AMOUNT PAID (enclosed) Total | | \$_____ | |