



Greenfield LightLife Triathlon Entry Form

All information on this form must be completed & legible. The form must be signed by all participants or their legal guardians. Incomplete forms will not be processed per USAT & Greenfield Recreation Department rules. ONE Category per entry. NO RACE DAY Registration. Packet Pick-Up Only (6:30 – 7:15 AM)

Course: Sprint International Sprint Team International Team

Category (do not check for Teams): Age group Clydesdale/Athena Clydesdale = Male 200+ lbs.
Athena = Female 150+ lbs.

TRIATHLETE OR SWIMMER INFORMATION

First Name _____ Last Name _____ Email _____ Gender (M/F) _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone _____

Date of Birth (mm/dd/yyyy) _____ Age as of 12/31/2009 _____ USAT # _____

Triathlon Club _____ T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___

USAT REQUIRES THAT YOU SHOW YOUR USAT ID CARD AT PACKET PICK-UP OR PAY THE \$10.00 DAY INSURANCE FEE

TEAM BIKER INFORMATION

First Name _____ Last Name _____ Email _____ Gender (M/F) _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone _____

Date of Birth (mm/dd/yyyy) _____ Age as of 12/31/2009 _____ USAT # _____

Triathlon Club _____ T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___

USAT REQUIRES THAT YOU SHOW YOUR USAT ID CARD AT PACKET PICK-UP OR PAY THE \$10.00 DAY INSURANCE FEE

TEAM RUNNER INFORMATION

First Name _____ Last Name _____ Email _____ Gender (M/F) _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone _____

Date of Birth (mm/dd/yyyy) _____ Age as of 12/31/2009 _____ USAT # _____

Triathlon Club _____ T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___

USAT REQUIRES THAT YOU SHOW YOUR USAT ID CARD AT PACKET PICK-UP OR PAY THE \$10.00 DAY INSURANCE FEE

**FEES (non-refundable)

- Sprint Triathlete (\$60.00 before 7/19/09 or \$70.00 after 7/19) _____
- International Athlete (\$70.00 before 7/19/09 or \$80.00 after 7/19) _____
- Sprint Two-Person Team (\$100 before 7/19/09 or \$120 after 7/19) _____
- Sprint Three Person Team (\$155 before 7/19/09 or \$175 after 7/19) _____
- International Two-Person Team (\$110 before 7/19/09 or \$130 after 7/19) _____
- International Three-Person Team (\$165 before 7/19/09 or \$185 after 7/19) _____
- Subtract \$10.00 (per person) if USAT Member - _____
- Add \$1.00 (per person) if you want results mailed _____

**TOTAL DUE _____

Make checks to: Greenfield Recreation Department. Mail check, form & signed waivers to: Greenfield Recreation Department 20 Sanderson St. Greenfield, MA 01301. Each participant **must** sign the waiver of liability form or the entry cannot be accepted.

