



Event Registration Form 2011

Mail to: TRIMOM Productions, llc
64 Carpenter Drive
South Kingstown, RI 02879

Phone: (401) 741.0831 **-or-** **Register Online:** www.trimomprod.com

Official Use Only

Bib: _____ **Div:** _____
Date: _____/_____/_____
Cash: _____ **Check:** _____

Choose Your Race

- | | |
|---|---|
| <input type="checkbox"/> Camire's Firecracker 4 Miler | <input type="checkbox"/> Ocean's Run ½ Marathon |
| <input type="checkbox"/> Crabman Sprint Triathlon | <input type="checkbox"/> "OH MY GODDARD!" Sprint Triathlon |
| <input type="checkbox"/> Jamestown Bridge 10K Race | <input type="checkbox"/> NBX's "Do it in the Woods!" Off-Road Triathlon |
| <input type="checkbox"/> Ocean's Run 5K | <input type="checkbox"/> SUPERKids Triathlon |

Name: _____
(please print) Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Day Phone: () _____ - _____ **E-Mail:** _____

Age: _____ **Gender:** ☐ M ☐ F **DOB (required):** _____/_____/_____
(MM/DD/YY)

USA Triathlon #: _____ **Expiration Date:** _____/_____/_____

Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL **Employer:** _____

Emergency Contact Name: _____ **Phone:** () _____ - _____

Select Category

- | | | | |
|---|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individual Group | <input type="checkbox"/> Clydesdale/Athena | | |
| <input type="checkbox"/> Relay Team | <input type="checkbox"/> Mixed Team | <input type="checkbox"/> Male Team | <input type="checkbox"/> Female Team |

Teams: Each member must complete a form and all team forms must be submitted together.

Team Name: _____ **Team Captain:** _____

Payment Summary

Entry Fees \$: _____ **USAT One Day License \$:** _____
(See Event Websites for fee amounts) (Triathlon Events Only)
(\$5 Youth/\$10 Adults. Must include signed USAT Waiver. Go to www.usatriathlon.org)

TOTAL Fees \$: _____
(payable to TRIMOM Productions, llc)