

**Day at the Beach Triathlon**  
**Oct 9, 2011**



**2011**  
**Entry Form**

**(Relay Team Only)**

Send in 3 copies  
 Indicate team member  
 and team name below:

- Swimmer
- Biker
- Runner

Team Name

MESP use only)

Fee: \$ \_\_\_\_\_  
 Cash  
 Check # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Sex: [M]/[F]

DOB (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

USAT#: \_\_\_\_\_

**Select A Division**

- Individual Age Group
- Relay Team (use 3 forms)
- Thunderhighs - Men 185-199 pounds
- Clydesdale - Men 200-224 pounds
- Clydesdale - Men 225+ pounds
- Athena - Women 150+ pounds
- Mountain Bike
- Challenged Athlete

**Race Fee**

	Ind.	Relay Team	
<input type="checkbox"/> Early: until June 30	\$95	\$155	
<input type="checkbox"/> Regular: July 1 - Sep. 1	\$105	\$175	
<input type="checkbox"/> Late: After Sep. 1	\$115	\$185	
			\$ _____
Non-USA Triathlon members: Add \$10 per event for a race-day USAT membership. Relays add \$10 per non-USAT team.			\$ _____
<b>Total</b>			\$ _____

Mail and make non-refundable check payable to:  
 MESP, 29395 Agoura Rd., Suite 102, Agoura Hills, CA 91301

I agree to sign waiver of release of liability at race registration.

**X** \_\_\_\_\_ Date: \_\_\_\_\_