



March Triathlon Series 2017

Sunday, March 26th, 2017 at Lopez Lake, Arroyo Grande, CA

Name: _____
(first) (last)

Gender: **M / F**

Address: _____
(street) (city) (state)(zip)

Phone: (____) - _____ Email: _____

Race Distance (circle one): **Sprint / Olympic / Relay (Olympic Distance)***

Date of Birth (MM/DD/YY): ____/____/____

Race Age (on 12/31/2017): _____ T-shirt Size (circle one): **S M L XL XXL**

USAT Annual Member? **Y / N**
(circle one)

USAT Membership Number: _____
(number or "pending")

Relay Team Name (If Applicable): _____ Relay Leg: **Swim / Bike / Run**

**Relays: Each member of a relay team must fill a form. The team pays one entry fee, but each member must be a USAT Annual Member or purchase a one day license. Please write the same team name on each form and staple the forms together.*

	Sprint		Olympic		
	Open	USAHSTC	Open	WCCTC	Relay
Day-Of Registration	\$100	\$70	\$130	\$80	\$175

College Name (if applicable): _____

Make checks payable to the Cal Poly Triathlon Team
For more information, go to www.marchtriathlonseries.com.