First Name

Sex M F

Last Name

Date of Birth Month Day Year

Age on 12/31/09

Mailing Address

City

State/ Prov

Zip Code

E-Mail

Phone

T-Shirt Size XS S M L XL

Technical Shirts

Assigned Race #

Team Only Information

Individual : $50: After 7/7/09 $60
Team: $60: After 7/7/09 $75

Team Name

SWIMMERS NAME _____ T-Shirt Size XS S M L XL

BIKERS NAME _____ T-Shirt Size XS S M L XL

RUNNERS NAME _____ T-Shirt Size XS S M L XL

Please Make Checks Payable To: ˙ Fleet Feet Sports

Mail Completed and Signed Registration Form To:

Fleet Feet Sports Bozeman
448 East Main St. 1A
Bozeman, MT 59715

TREASURE STATE TRIATHLON