



2018 RELAY TEAM REGISTRATION FORM

Mail To: Team Magic, Inc. | 2315 Eugenia Ave | Nashville, TN 37211

CHECK	Event	Date	Location	Distance	Early	Standard	Late Fee	Site Fee
	Capital of Dreams Triathlon	5/5/18	Montgomery, AL	400m S 20k B 5k R	\$185 by 1/31	\$195 by 4/8	\$220 after	\$230
	Capital of Dreams Sprint Triathlon	5/5/18	Montgomery, AL	1.5k S 40k B 10k R	\$100 by 1/31	\$110 by 4/8	\$130 after	\$140
	Buster Britton Memorial Triathlon	6/9/18	Pelham, AL	400yd S 13mi B 3mi R	\$105 by 1/31	\$115 by 5/13	\$135 after	\$145
	Chattanooga Waterfront Triathlon	6/24/18	Chattanooga, TN	1.5k S 42k B 10k R	\$185 by 1/31	\$200 by 5/27	\$225 after	\$235
	Chattanooga Waterfront Sprint Tri	6/24/18	Chattanooga, TN	.25mi S 10.5mi B 3mi R	\$100 by 1/31	\$110 by 5/27	\$130 after	\$140
	Music City Triathlon	7/22/18	Nashville, TN	1.5k S 45k B 10k R	\$185 by 1/31	\$200 by 6/24	\$225 after	\$235
	Music City Sprint Triathlon	7/22/18	Nashville, TN	300m S 22.5k B 3k R	\$115 by 1/31	\$125 by 6/24	\$145 after	\$155
	Mountain Lakes Endurance Tri	8/4/18	Guntersville, AL	1mi S 32.4mi B 6mi R	\$185 by 1/31	\$200 by 7/1	\$225 after	\$235
	Mountain Lakes Sprint Triathlon	8/4/18	Guntersville, AL	600yd S 16.2mi B 3mi R	\$100 by 1/31	\$110 by 7/1	\$130 after	\$140
	Cedars of Lebanon Triathlon	8/25/18	Lebanon, TN	200yd S 10mi B 2mi R	\$100 by 1/31	\$110 by 7/29	\$130 after	\$140
	Alabama Coastal Triathlon	9/8/18	Gulf Shores, AL	1.5k S 24mi B 6mi R	\$185 by 1/31	\$200 by 8/12	\$225 after	\$235
	Coastal Tri-It-On Triathlon	9/8/18	Gulf Shores, AL	300yd S 10mi B 2mi R	\$100 by 1/31	\$105 by 8/12	\$125 after	\$135

Category (circle one type of team:) Male | Female | Mixed Gender | Family | Corporate

Team Name: _____

Swimmer Name: _____ first _____ last Gender: M or F Date of Birth: month | day | year

Address: _____ street _____ city _____ state _____ zip _____ Phone: _____ xx-xxx-xxxxx

E-mail Address: write legibly please - important for race communication Team or Club Affiliation: _____

Shirt Size (please circle choice of neutral & specific:) Gender Neutral XS S M L XL XXL Gender Specific XS S M L XL XXL

Emergency Name & Phone: _____

USA Triathlon # _____ (if not a member pay extra 1-day insurance of \$15 adult / \$10 youth for each Team Member not a member of USAT)

Biker Name: _____ first _____ last Gender: M or F Date of Birth: month | day | year

Address: _____ street _____ city _____ state _____ zip _____ Phone: _____ xx-xxx-xxxxx

E-mail Address: write legibly please - important for race communication Team or Club Affiliation: _____

Shirt Size (please circle choice of neutral & specific:) Gender Neutral XS S M L XL XXL Gender Specific XS S M L XL XXL

Emergency Name & Phone: _____

USA Triathlon # _____ (if not a member pay extra 1-day insurance of \$15 adult / \$10 youth for each Team Member not a member of USAT)

Runner Name: _____ first _____ last Gender: M or F Date of Birth: month | day | year

Address: _____ street _____ city _____ state _____ zip _____ Phone: _____ xx-xxx-xxxxx

E-mail Address: write legibly please - important for race communication Team or Club Affiliation: _____

Shirt Size (please circle choice of neutral & specific:) Gender Neutral XS S M L XL XXL Gender Specific XS S M L XL XXL

Emergency Name & Phone: _____

USA Triathlon # _____ (if not a member pay extra 1-day insurance of \$15 adult / \$10 youth for each Team Member not a member of USAT)

Estimated Swim Time _____ Estimated Finish Time _____ (list on back for each race if signing up for multiple events)

Total Payment: _____

NOTE: Please list any medical conditions and notes for race announcer on the back of this form