

15th Annual John Masterson Memorial-Heart Center ROCKETMAN TRIATHLON

Last Name: _____ First Name: _____ Sex: _____

USAT # _____ USAT Age (12/31/08) _____

Street Address: _____ Age (Race Day) _____

City: _____ State: _____ Zip: _____

Emergency Contact & Phone: _____

Evening Phone: _____ Email Address: _____

Estimated 1/2mile swim time (min:sec) _____ (Failure to enter a time will automatically enter you with 30 minutes)

Please circle T-shirt size: S M L XL XXL

_____ Check here if you are a Foreign Citizen and write in nationality of citizenship: _____

Please circle one division: Individual Military Male Relay Female Relay Mixed Relay
Military Relay Clydesdale (M: 210lbs+; F: 150lbs+)

(If more than one division is circled, then Individual division will be selected for entrant)

(Relay Teams: Submit complete entries of all team members together, only one check, and a note that specifies Team Name and who will race each leg. Signed waiver must be submitted for each member)

Results will not be mailed they will be posted at www.teamrockettri.org a couple days after the race.

Important: Incomplete or unsigned entry forms and insurance waivers will not be accepted!

**Complete and mail with signed insurance waiver and check to:
Spring City Triathletes, 111 River Mill Rd Dr, Huntsville, AL 35811**

FEES	Postmarked by Aug 4	Postmarked by Aug 11	Postmarked after Aug 11
Individuals	\$40	\$50	\$55
Relays	\$65	\$80	\$85
Military	\$30	\$40	\$45
Military Relays	\$55	\$70	\$75