



Circle One: **Club Registration (annual membership) \$225**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Sex M F

Birthdate ____ / ____ / ____

Email Address _____

Emergency Contact (including ph#) _____

T-Shirt size(unisex) **S M L XL**

*Make Checks Payable to: **Tri-Now Endurance***

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Participant's Signature

Date