



Circle One **Sprint Tri Program** **\$345**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Sex M F

DOB _____

Email Address _____

Emergency Contact _____

Emergency Contact Ph# _____

*Make Checks Payable to: **Tri-Now** PO Box 181373 Dallas, TX 75218*

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Participants Signature

Date