The VikingMan Triathlon

Registration Form

_____, _____, _____, _____
First Name **M.I.** **Last Name** **Suffix**

Address:_____

City:_____, **State**_____, **Zip** _____

Age:_____, **Date of Birth:** _____/_____/_____
Month **Day** **Year**

Email Address: _____ **Male**_____ **Female**_____

Phone: (_____ **)** _____--_____ **( ) Clydesdale ( ) Athena**

Emergency Contact Name _____ **Phone**_____

Division: (Circle appropriate divisions)

Postmarked by Oct 31	**Individual/Aquabike Half**	**$125.00**	**Team**	**$225.00**
	Individual/Aquabike Oly	**$ 55.00**	**Team**	**$115.00**
	Duathlon Oly	**$ 55.00**		
Postmarked by Dec 31	**Individual/Aquabike Half**	**$140.00**	**Team**	**$240.00**
	Individual/Aquabike Oly	**$ 65.00**	**Team**	**$125.00**
	Duathlon Oly	**$ 65.00**		
Postmarked by Apr 30	**Individual/Aquabike Half**	**$155.00**	**Team**	**$255.00**
	Individual/Aquabike Oly	**$ 75.00**	**Team**	**$135.00**
	Duathlon Oly	**$ 75.00**		
Postmarked by Aug 31	**Individual/Aquabike Half**	**$170.00**	**Team**	**$270.00**
	Individual/Aquabike Oly	**$ 85.00**	**Team**	**$145.00**
	Duathlon Oly	**$ 85.00**		

PLEASE NOTE – NO MAIL IN REGISTRATIONS AFTER AUGUST 31, 2010

Team Members: _____, _____, _____

Team Name: _____

T-shirt size: Small_____ **Medium**_____ **Large**_____ **X Large** _____ **XX Large**_____
(If for team registration, give a number for all that apply.)

USAT License # (s)_____

USAT One Day License Required ( )

Amount enclosed:
Check #:

Send to: American Heritage Academy, Attn: VikingMan, 1226 Parke Ave, Burley, ID 83318
(make checks to Vikingman.)