



First Annual
**ROAD RASH & SPLASH
MINI-TRIATHLON**

REGISTRATION FORM

\$15 individual · \$30 teams

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: (____) _____ E-MAIL ADDRESS: _____
(Optional)

AGE ON RACE DAY _____
(Must be 13 or over on race day)

GENDER: Male Female

ESTIMATED SWIM TIME: _____
(Used to heat participants - applies to swimmers only)

AGE DIVISION: (please circle) 13-18, 19-24, 25-30, 31-39, 40-49, 50+

----- *To be completed by teams only* -----

TEAM DIVISION: **Each team member must complete their own registration form**

TEAMMATE'S NAME & EVENT _____

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TEAM CLASS: (please circle) Male Female Co-ed

COMBINED AGE OF TEAM ON RACE DAY: _____

PLEASE RETURN TO THE MEEKER RECREATION CENTER
101 Ute Road * Meeker, CO 81641 * 970.878.3403
www.MeekerRecDistrict.com