



Race Date: June 24, 2012

2012 Relay Team Entry Form (the following information must be completed by each member of your team):

Relay Team Name: _____

Last Name: _____

First Name: _____

Sex: _____

Street Address: _____

City, State, Zipcode: _____

Date of Birth: _____

USAT Membership Number, if applicable: _____ (If you are NOT a USAT annual member, please add \$10 for your one-day license)

Email: _____

Phone number: _____

T-Shirt Size: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

For seeding purposes:

Estimated Swim time: _____

Estimated total finish time: _____

Pricing for Relays (per team):

Before Feb 1: \$65 Before June 1: \$75 Before June 21: \$85 June 21 through Race Day: \$90

Please note: Any relay team members who are not annual members of USA Triathlon will need to include an additional \$10 for their USAT "one-day license fee".

Total Amount Enclosed: _____

Please make checks payable to "Nittany Multisport" and mail to Paul Fritzsche, 237 W Park Ave, State College, PA 16803

Please note that you will be required to sign waivers from USAT and from PSU when checking in.