

Fall Triathlon Registration

Swim-400 Meters ~ Bike-13 Miles ~ Run-3.1 Miles

7:00am on:

24 Sep 11

Starting at the Silver Wings Pool, Bldg 708

Fee: \$20/military ID card holders

\$45/non-military

Receipt number: _____

Participant Name: _____ Age: _____

Rank/Status: _____ Squadron: _____

Home Address: _____

City: _____ State: _____

Home Phone: _____ Work Phone: _____

T-Shirt Size (Circle One): **S** **M** **L** **XL**

Emergency POC:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____

Home Phone: _____ Work Phone: _____

INDIVIDUAL (Circle One): **MALE** **FEMALE**

AGE GROUP (Circle One):

- Under 18
- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- Over 70

Please return completed forms to Erika Brayton:
(Office) 623.856.7152
(Fax) 623.856.4174
(Cell) 623.451.7711
Erika.brayton@luke.af.mil

-OR-

56 FSS/FSCO
Attn: Erika Brayton
7383 N Litchfield Rd
Suite 3090
Luke AFB, AZ 85309

*Visa/MC accepted via phone or mail in checks payable to "Luke Pools"

TEAM DIVISION:

Team Name: _____ Squadron: _____

Team Division (Circle One) **Swimmer** **Biker** **Runner**

(Each team member must fill out and sign separate registration sheet and liability waiver)

****Non-Military participants must complete and return an affidavit form with supporting documentation 10 business days before event***

