



Please print and fill out this form, then mail it with your payment (check or MasterCard or Visa information) to:  
Tritek P.O. Box 112 Franconia, NH 03580, Phone 603 616-7125

**TRITEK CLINIC REGISTRATION FORM**

**Clinic Location:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

- Swim only       Run only       Bike only  
 Two sessions       Three sessions  
 One-day USA Triathlon membership (add \$10)

**Discounts:**

- Tritetek alumni (Subtract 10%)

Total Due: \_\_\_\_\_

**Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Cell# \_\_\_\_\_ Home Phone \_\_\_\_\_

**Additional information:**

USAT member #: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Method of payment:**

- Check enclosed (Make checks payable to: Tritetek)      Credit card type:  Mastercard       Visa

Name on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

**Questionnaire**

1. Are you a fitness swimmer, triathlete or competitive swimmer? circle one
2. How many years have you been racing triathlons, competing or are you new to the sport? \_\_\_\_\_
3. What distances do you compete in or would like to compete in? \_\_\_\_\_
4. Rate your swim, bike, and run skills on the following scale (1=poor, 10=excellent)  
Swim: \_\_\_\_\_ Bike: \_\_\_\_\_ Run: \_\_\_\_\_
5. What is your reason for choosing TriTek? \_\_\_\_\_
6. What are your goals for this camp/workshop?  
\_\_\_\_\_
7. Your goal(s) for your sport? \_\_\_\_\_

**Thank you!**