TreadMan Duathlon Registration

TreadMan Duathlon Registration Form
Saturday, September 27th

Name_____
Address _____
City _____ State _____
Email _____ Phone (____) _____
Age on September 27th, 2008: ____ Birthdate ___/___/___

Sock size: S/M (6-10) ☐ L/XL (9-13) ☐ Gender: ☐ M ☐ F

Solo entrant: ☐ OR Team entrant: ☐
Team Name: |_|_|_|