

2010 Tour De Holloman REGISTRATION FORM

PLEASE PRINT CLEARLY

RACE INCLUDES: 84K BIKE / 52M

RACE START: 8:00 a.m. June 5, 2010

Last Name: _____ First Name: _____ MI: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Country (If Not U.S.): _____ Telephone (Daytime): _____
 Age on June 5, 2010: _____ Gender (Circle): Male Female; Guests _____
 Weight: _____ Lbs. T-Shirt Size (Circle One): S M L XL XXL
 Military Service (Circle One): USAF USN USA USMC USCG GAF
 Status (Circle One): Active NG Reserve Retired Cadet DOD/NAF Civilian
 Major Command: _____ Base/Post: _____ Email _____
 Non-Military (Circle One): Civilian Government Contractor

Liability and Publicity Release

(Information in parenthesis applies only if the participant is under 18 years of age)

In consideration for allowing me (my child) to compete in the 2010 Tour De Holloman, I the undersigned, intending to be legally bound, waive and release for myself (my child), my heirs, executors, and administrators, and all rights and claims for property damage and personal injury, including death, which I (my child) may have against the United States Air Force, the United States Government, the volunteer medical support, all participating supporting volunteers and their representatives, successors, and assignees, arising from my participating in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am (my child is) physically fit and have (has) sufficiently trained to compete in this event. I realize medical support for this event will consist of primary volunteer medical personnel prepared to administer first aid-type assistance along the racecourse and at the finish line. I (on behalf of my child) hereby grant permission to the Air Force Stealth Triathlon and its sponsors to use all information submitted in my application and my photograph, videotape, motion picture, recording and any other record of this event including pre-race and post race publicity.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT'S PRINTED NAME IF UNDER 18: _____

PARENT'S SIGNATURE IF UNDER 18: _____ DATE: _____

Mail pre-registration form and fees: 11 May 2010

(Make check payable to: Fitness Center)

Fitness Center (FSS/FSVS)

PO Box 734

Holloman AFB, NM 88330

Fees:

Registration: Individual: \$25.00 Team: \$40.00

Race Day: The Fitness & Sports Center address is 1051 Connecticut Ave. Registration is at front of the facility. Registration begins at 6:30 a.m. and will end at 7:30 a.m. The race begins at 8 a.m.

Fax pre-registration form & fees: by 17 May 2010

(575)572-3799 Attn: SrA Dufresne

Registration in Person: by 5:00pm 17 May 2010 Fitness Ctr

CARD # _____

Visa
 MasterCard
 Exp. Date: / /

REQUIRED RACE INFORMATION

Awards will be given to the top 3 finishers in the following categories:

DIVISION MALE AND FEMALE (CHECK ONE)

Open
 Over 40

TEAMS OF TWO (CHECK ONE)

- Family Team
 *One Parent, One Child
 Tween Bracket (9-12yrs old)
 Teen Bracket (13-18yrs old)
 Team of Two
 *Each Rider completes 2 consecutive laps

*All participants will receive a T-Shirt

For Official Use Only

_____ Race Number