Personal Best Triathlon Relay

Benefiting the Moores UCSD Cancer Center Clinical Trials Office Sunday May 3, 2009

(Please print and fill out form completely and LEGIBLY, Okay to photocopy)

Official Entry Form

Mail entry to Spring Sprint Triathlon, c/o Kozenterprises, P.O. Box 421052, San Diego, CA 92142

FIRST NAME (Swimmer) LAST NAME (Swimmer) S M L XL

AGE DAY TIME PHONE NUMBER T-SHIRT SIZE

ADDRESS

CITY ST ZIP CODE

EMAIL ADDRESS

RELAY TEAM NAME

RELAY TEAM MEMBER NAME: Cyclist T SIZE JERSEY SIZE

RELAY TEAM MEMBER NAME: Runner T SIZE SINGLET SIZE

Make check(s) payable to: UC San Diego Foundation with CTO on memo line.

If you would like to join a relay team, need help in forming a team and/or sponsor a team, Please contact Regina Wilson at Rewilson@ucsd.edu for information.

Team Registration Fee is $300 of which $100 is a donation to Moores UCSD Cancer Center, a non-profit 501(c)3 organization (95-2872494)

We are participating in honor of: _____

UNIVERSITY *of* CALIFORNIA, SAN DIEGO

MEDICAL CENTER MOORES CANCER CENTER