



TriFREAKS Offline Registration Form

{Name of Event}	
First Name*	
Middle Name*	
Last Name*	
Gender*	
Birth Date*	
Email:*	
Phone #:*	
Address Line 1:*	
Address Line 2:*	
City, State, Zip/Postal Code:*	
Country:*	
USAT Membership #:*	
T-Shirt Size:*	
Wave Time (If Applicable):	

Are you interested in being a volunteer, or do you know anyone that is? (Volunteers receive 50% off of a future TriFREAKS race for their time and services as well as a race shirt, post race food, and the amazing experience of helping out at a life changing event.)

