

HUDSON VALLEY TRIATHLON CLUB



Mark Wilson's Running Group

(Please print clearly!)

**Event:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

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

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

**Gender:** M or F

**Birth Date:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Re-Enter E-Mail:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Ext:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Address (Line 1):** \_\_\_\_\_

**Address (Line 2):** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**How did you hear about this event?**

\_\_\_\_\_

**Payment Type:** Visa, MC Amex, Discover (Please circle one)

**Credit Card Number:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

**CVV:** \_\_\_\_\_

(Fax to 845-679-8131)

**Check or Money Order:** \$\_\_\_\_\_ (Total)

(Payable to Mark Wilson and mailed to 370 Coldbrook Rd. Bearsville, NY 12409)

Thank You!