



Duathlon Participant Registration

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____

Please check one of the following:

_____ \$35 Fitness 101 Member

_____ \$40 Non-member

**Additional \$10 charge for registrations received after March 13th

Billing Information:

Check Cash Credit Card (circle one)

Visa Mastercard Discover (circle one)

Credit Card #: _____ - _____ - _____ - _____

Expires: ____/____ Total: _____

**I authorize Fitness 101 to electronically deduct the above amount from the account provided. All transactions final. No refunds.

Athlete's Signature: _____

Registrations may be mailed to: Fitness 101 9201 Quaday Ave NE Suite 101 Otsego, MN 55330