



2007 IRONMAN REVISITED - REGISTRATION FORM

(Please print clearly. All fields are required.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____
(Please print clearly)

Birth Date: _____ Gender: MALE FEMALE

Event: (Circle One) **INDIVIDUAL** **RELAY - SWIM** **RELAY - BIKE** **RELAY - RUN**

Team Name (if applicable): _____

T-Shirt Size: (Unisex - Circle One) S M L XL

Are you physically challenged? NO YES If YES, what is your disability: _____

Are you a past participant of Ironman Revisited or San Diego Triathlon Challenge? NO YES

PAYMENT

Please check the appropriate payment amount:

Individual Registration

_____ \$ 250 Individual Deposit (Full amount due by 7/12/07)
_____ \$ 1,500 Individual Full Registration Fee

Team Registration

_____ \$ 250 Relay Team Member Deposit (Full amount due by 7/12/07)
_____ \$ 1,000 (1) Relay Team Member Registration Fee (Each team members pays \$1,000)
_____ \$ 3,000 Full Relay Team Entry Fee

Please choose a payment method: CHECK ENCLOSED CREDIT CARD

Charge Amount: \$ _____ Circle One: MASTERCARD VISA

Card Number: _____ Exp. Date: _____

Signature: _____ Name on Card: _____

(Please Print)

If registration is not pay in full by July 12, 2007, your credit card may be billed the balance due.

Please fax form to CAF at 858.866.0958 or mail to the below address.

CHALLENGED ATHLETES, INC.

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