



2011 Mpls. Duathlon "Away" Option

Name _____ Sex: M__ F__

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number _____ D.O.B. _____

"Away" Option \$8.95 (Series Members Only)

Arm Warmer Size: **Unisex** S/M__ L__ XL__

Signature _____ Cash__ Check__

Mail to:

Team Ortho Foundation
1170 15th Ave SE, Suite 307
Minneapolis, MN 55414