



Team CORE Hawaii Member Application

Name:	Nick Name:	Date:
Mailing Address:		
Home Address: <input type="checkbox"/> Same as above		
Contact Number(s): Home: Work: Cell:		
Email Address:		
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> Female		
Date of Birth :		
Months or Years in Sport: Triathlon Swimming Cycling Running		
Additional information you wish to provide:		
Please return application and make check payable in the amount of \$60.00 (\$30.00 for students) to:		
Team CORE Hawaii, LLC		
P.O. Box 26281		
Honolulu, HI 96825		

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