

CHECK: Sprint _____

First _____ Last _____

Female _____ Male _____ D.O.B ____/____/____ Age _____

Email _____

Phone _____

Address _____

City _____ State _____ Zip _____

Athena (F-165 lbs+) _____ Clydesdale (M-220 lbs+) _____ (optional)

Circle shirt size: Adult S M L XL XXL (add \$3)

CHECK if you would like Elite Wave _____ Slow Swimmers _____

If elite wave, fill in your best event and overall place

Event: _____ Overall Place: _____

Swimmer

Circle: Relay Team Family Relay Team

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Shirt: Sm Med Lg XL XXL (add \$3)

E-mail _____

Biker Ph: _____ - _____ - _____

First _____ Last _____

Shirt: Sm Med Lg XL XXL (add \$3)

E-mail _____

Runner

Relay Team Name _____

First _____ Last _____

Shirt: Sm Med Lg XL XXL (add \$3)

E-mail _____

May be done as a 2 or 3 person relay team. Any combination.

Registration/Expo Sat., June 2 • 10:30 - 1 p.m.

Aurora BayCare Orthopedic and Sports Medicine Center

Sun., June 3 • 5 - 7 a.m. Ashwaubomay Park.

Payment Method: Cash _____ Check _____

Fill in appropriate fee:

____ Sprint \$30 thru 12/31, \$40 thru 5/9,
\$50 thru 6/1, \$60 after 6/1

____ Sprint Relay \$20 ea. thru 12/31, \$30 ea. thru 5/9,
\$40 ea. thru 6/1, \$50 ea. after 6/1

____ 16 & Under \$15 thru 12/31, \$20 thru 5/9,
\$25 thru 6/1, \$30 after 6/1

____ \$3 XXL

____ **Total**

register online
at active.com



Stadium Bike
Green Bay, WI

Mail check & registration forms to: DuTriRun • PO Box 7723, Appleton, WI 54912

Contact person in emergency:

Name _____ ph _____

Waiver: I know that competing in this event is a potentially hazardous activity. I should not enter and compete unless I am medically able and properly trained. I agree to abide by a decision of a race official relative to my ability to safely complete the triathlon. I assume all risks associated with competing in this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf waive and release all race officials and agents of the event; for liabilities of any kind.

Signature of Entrant or Parent/Guardian (if under 18)

Date

* INDIVIDUAL ENTRANTS USE ONE FORM PER PERSON. THIS FORM MAY BE DUPLICATED