

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

CHECK ONE: DUATHLON____ Relay/1st Runner ____

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 XS S M L XL XXL (add \$3)

ONLY CHECK if you would like the Elite Wave ____

If so, fill in your best event and overall place

Event: _____ Overall Place: _____

Check one: __Relay Team __Family Relay Team (1 member 16 or under)

Team Name _____

Ph: _____ - _____ - _____

Biker

First _____ Last _____

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

E-mail _____

Runner

First _____ Last _____

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

E-mail _____

**Registration at Cory Park, 105 Main St., Dousman
Fri., Sept. 22 • 3:30-5:30 p.m. or Sat., Sept. 23 • 6 - 7:15 a.m.**

Fill in appropriate fee:

____ Take off \$5 if dropped off at Bicycle Dr. in Dousman

____ Individual • \$50

____ Relay • \$30 ea

____ Family Relay Member 16 yrs or under \$15

____ Add \$3 for XXL

____ Total

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

**Option:
register online
at active.com**

Contact person in case of 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 duathlon. 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