

INAGURAL SCENIC 17 SPRINT TRIATHLON

Swim .5 Mile

Bike 15 Miles

Run 3.1 Miles

*** Limited to First 500 Entrants - No Exceptions ***

DATE/LOCATION:

Sunday August 3, 2008
Webber International University
Babson Park, FL

USAT RULES & REGULATIONS:

All participants must be members of USAT or pay a one day (\$10 fee) for NON-USAT non-members. DO NOT INCLUDE W/ REGISTRATION

START TIME:

1st Wave will begin at 7:15AM

INFORMATION:

Online Registration- AltaVistaSports.com
Make Checks Payable to & Mail to:
"WEBBER INTERNATIONAL UNIVERSITY"
1201 N. Scenic Hwy.
Babson Park, FL 33827

ENTRY FEE:		INDIVIDUALS	TEAMS
Before	6/2	\$65	\$130
After	6/2	\$75	\$150
After	7/30	\$85	\$170

NO REFUNDS / NO RACE DAY REGISTRATION

RACE PREMIUMS:

Custom Designed Tech Shirt (\$30 Value)
Pre-Race Carb Dinner (Add'l Fee)
Post Race Party & Drawings
Results & Finish line by **Alta Vista Sports**

AWARDS:

Finishers Medals to all Participants
Overall & Masters Male/Female
Standard 5 year age divisions 1st - 3rd
Clydesdales/Athena 1st - 3rd

PACKET PICK UP:

Saturday August 2nd 12:00 - 5:00 PM (Onsite)
Sunday August 3rd 5:00 - 6:45 AM (Onsite)

RELAY DIVISION (3 Deep in Divisions)

Male / Female / Mixed
Teams of 2 or 3 members

NO REFUNDS or RACE TRANSFERS

RACE DIRECTOR:

Peter Ormsby (863) 638-2952 [office] or (407) 967-9497 [cell] or scenic17triathlon@hotmail.com

Division (Choose One): Age Group Clyde/Athena Relay: Mixed M F

Shirt Size: S M L XL XXL Relay Team Name: _____

Name: _____ Age: _____ Birthdate: _____ Gender: [M] [F]

City: _____ State: _____ Zip Code: _____ USAT#: _____

Phone: _____ Email: _____ ChampionChip #: _____

Emergency Contact Person/Phone: _____

In consideration of the entry, I for myself, my heir, devisees, executors, administrators and assigns hereby waive, release and discharge any and all Claims against Webber International University, Polk County Sports Marketing, or organizations sponsoring or conducting this event, or their employees, representatives, or successors, for any and all damages or injuries I may suffer. I hereby grant permission for the free use of my name and picture in any broadcast, brochure or account of this event. INSURANCE DOES NOT COVER THESE ACTIVITIES: BABY JOGGERS, ANIMALS, RADIO OR PHONE HEADSETS.

Signature

Date

Parent or Guardian Signature

Date