



2ND ANNUAL SCENIC 17 SPRINT TRIATHLON

[.25 Mile Swim•15 Mile Bike•3.1 Mile Run]

HOSTED BY

WEBBER INTERNATIONAL UNIVERSITY



Limited to 300 Entrants

DATE/LOCATION:

Sunday August 2, 2009
Webber International University
Babson Park, FL

USAT RULES & REGULATIONS:

Participants not annual members of
USAT must pay a one day (\$10 fee)
DO NOT INCLUDE W/ REGISTRATION

START TIME:

1st Wave will begin at 7:00AM

INFORMATION:

Online Registration- AltaVistaSports.com
Make Checks Payable to & Mail to:
"WEBBER TRACK BOOSTERS"
c/o WIU Track/XC Office
1201 N. Scenic Hwy.
Babson Park, FL 33827

ENTRY FEE:		INDIVIDUALS	TEAMS
Before	6/1	\$55	\$120
After	6/1	\$65	\$140
After	7/26	\$70	\$150

NO REFUNDS

AWARDS:

Overall & Masters Male/Female
Standard 5 year age divisions 1st - 3rd
Clydesdales/Athena 1st - 3rd

RACE PREMIUMS:

Unique Finishers Premiums
Custom Designed Tech Shirt (\$30 Value)
Post Race Party & Drawings
Results & Finish line by **Alta Vista Sports**

RELAY DIVISION (3 Deep in Divisions)

Male / Female / Mixed / Corporate
Teams Must Consist of 3 Members

PACKET PICK UP:

Saturday August 1st 3:00 - 6:00 PM (Onsite)
Sunday August 2nd 5:30 - 6:45 AM (Onsite)
RACE DAY REGISTRATION 5:30-6:45AM

NO REFUNDS or RACE TRANSFERS

HOST HOTEL:

Holiday Inn Winter Haven (1-863-292-2100)
Mention "WEBBER" for event rate

Please Call (863-638-2952) Email (scenic17triathlon@hotmail.com) or Visit:

www.WEBBERATHLETICS.com/SCENIC17

For More Information, Including NEW for 2009 our DormStay Program



Division (Circle One):	Age Group	Clyde/Athena	Relay: M	F	Mixed	Corp
Shirt Size:	S M L XL XXL XXXL	Relay Team Name:	_____			
Name:	_____	Age:	_____	Birthdate:	_____	Gender: M F
Address:	_____					
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 _____