



3RD ANNUAL SCENIC 17 SPRINT TRIATHLON

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

HOSTED BY

WEBBER INTERNATIONAL UNIVERSITY



Limited to the First 300 Entrants

DATE/LOCATION:

Sunday August 1, 2010
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
Post Race Party & Drawings
Results & Finish line by **Alta Vista Sports**

RELAY DIVISION (3 Deep in Divisions)

Male / Female / Mixed
Teams May Consist of 2 or 3 Members

PACKET PICK UP:

Saturday July 31st 3:00 - 6:00 PM (Onsite)
Sunday August 1st 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



For More Information Visit

www.WEBBERATHLETICS.com/SCENIC17

Phone (863-638-2952) Email (scenic17triathlon@hotmail.com)

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