

2008 ENTRY FORM - McDonald's Kids Triathlon & Fleet Feet Sports SuperSprint Triathlon

Make check payable to CAPRI Events.
Send with signed entry to:
ACT/Timberline Timing • PO Box 609
Fort Collins, CO 80522-0609

**NO REFUNDS OF ENTRY FEES.
US FUNDS ONLY.**

Keep cancelled check as proof of payment.

Events could fill at any time.
To confirm race is open visit
www.ChicagoTriathlon.com.

**YOU MUST CONFIRM
MAILED ENTRIES AT
www.ChicagoTriathlon.com**

**NOTE 1: \$25 CHARGE TO CHANGE EVENT
OR DIVISION. NO DIVISION CHANGES
AFTER 7/1/08. NO EXCEPTIONS.**

**NOTE 2: \$25 CHARGE TO TRANSFER
ENTRY TO ANOTHER INDIVIDUAL. NO
TRANSFERS AFTER 7/1/08. NO
EXCEPTIONS.**

OFFICE USE ONLY

**THIS FORM MAY
BE COPIED.**

FIRST NAME	LAST NAME	USA Triathlon Membership or Permit required to participate For USAT information visit www.USATriathlon.org .	
STREET ADDRESS			
CITY	ST	ZIP	<input type="checkbox"/> I will be a current USAT member on race day. I will show my card at race packet pick-up. My 6 digit member number is: _____. <input type="checkbox"/> I will contact USAT and become a new member by race day and will provide my member number & show my card at race packet pick-up. <input type="checkbox"/> I do not wish to join USAT and will pay the indicated race entry fee that includes the single-event permit fee of \$10 (SuperSprint only).
Age on Race Day: <input type="text"/> <input type="text"/>	Birth Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
T-Shirt Size: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Number of Past Triathlons: _____	
ChampionChip Timing: <input type="checkbox"/> I will supply my own chip. CODE: <input type="text"/>			
Work Phone: () _____		Home Phone: () _____	
E-mail: _____		Company: _____	
Emergency Contact Name: _____		Relationship: _____	
Phone: () _____		<input type="checkbox"/> Medical problem. Please attach explanation.	

Leukemia & Lymphoma Society Contribution:

I have included my tax deductible donation to the Leukemia & Lymphoma Society of America in the amount of: \$10 \$20 \$50 Other ____

PLEASE CHECK ONE

Event	Individuals only, 15 years & older	USAT Member	Non-USAT Member
Fleet Feet Sports Supersprint Triathlon (375m Swim, 10k Bike, 2.5k Run)		<input type="checkbox"/> \$55	<input type="checkbox"/> \$65
McDonald's Kids Triathlon - OPEN / AGE GROUP (each participant does full event)			
Kids 7 - 10 years (100m Swim, 4k Bike, 1k Run)	-----	<input type="checkbox"/> \$45	
Kids 11 - 14 years (200m Swim, 8k Bike, 2k Run)	-----	<input type="checkbox"/> \$45	
McDonald's Kids Triathlon - 3 PERSON RELAY TEAM (each participant does full event)			
Kids 7 - 10 years (100m Swim, 4k Bike, 1k Run)	-----	<input type="checkbox"/> \$75	
<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Coed Team Name: _____			
Kids 11 - 14 years (200m Swim, 8k Bike, 2k Run)	-----	<input type="checkbox"/> \$75	
<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Coed Team Name: _____			

READ CAREFULLY BEFORE SIGNING: I acknowledge that prior to completing registration at the Expo, I will be required to show proof of identification and proof of USAT membership or receipt for a current USAT one-day permit and sign the Chicago Triathlon Acknowledgement Waiver and Release From Liability form & Event Swim Waiver form. I also acknowledge that I am aware that failure to do so at time of registration will disqualify me from competing in the event. I also acknowledge that there are no refunds. Transfer of an entry is at the discretion of CAPRI.

Signature _____ Date _____
 Parent's Signature _____ Date _____
If participant is under 18 as of 8/23/08

code: K/SS web