

PLEASE FILL OUT FORM COMPLETELY - MISSING INFORMATION MAY DELAY OFFICIAL ENTRY.

Please Note: USAT uses the "age-up" rule. Please use the age you will be on 12-31-2010.

--- 2010 ENTRY FORM --- Chicago Triathlon --- 2010 ENTRY FORM ---

Make check payable to CAPRI Events.
Send with signed entry to:
Chicago Triathlon/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
7/1/10. NO EXCEPTIONS.**

**NOTE 2: \$25 CHARGE TO TRANSFER AN
ENTRY TO ANOTHER INDIVIDUAL. NO
TRANSFERS AFTER 7/1/10. NO EXCEPTIONS.**

OFFICE USE ONLY

**THIS FORM MAY
BE COPIED.**

FIRST NAME		LAST NAME		USA Triathlon Membership or Permit required to participate in the Accenture Chicago Triathlon. 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.			
Age:		Birth Date:		Sex:	M	F	
Technical Shirt Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				Number of Past Triathlons: _____ Number of Past Chicago Triathlons: _____			
ChampionChip Timing: <input type="checkbox"/> I will supply my own chip. CODE: _____				Longest Distance to Date: <input type="checkbox"/> Sprint <input type="checkbox"/> International <input type="checkbox"/> 1/2 Ironman <input type="checkbox"/> Ironman			
Work Phone: ()		Home Phone: ()		Company:			
E-mail:				Occupation:			
Emergency Contact Name:		Relationship:		Phone: ()		<input type="checkbox"/> Medical problem. Please attach explanation.	

Purchase Chicago Triathlon Race Gear:

- I want to purchase the Custom ChampionChip and have included \$39.00 with my entry. [For more information see the Triathlon Gear Page]
- I want to purchase the Custom Chip Strap and have included \$5.00 with my entry (strap will be in your race packet at expo).

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 _____

Subscribe to Triathlete Magazine:

- YES! Send me one year of Triathlete Magazine for \$29.95, which is 15% off the subscription price of \$34.95. Take advantage of Triathlete's special offer created for competitors like you, who are the heart of the sport. Subscribe, or extend your current subscription to Triathlete and save!

PLEASE CHECK ONE

<i>Sprint Distance (.75k Swim - 22k Bike - 5k Run)</i>	USAT Member	Non-USAT Member (Includes permit)
Open/Age Group	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
Mountain Bike	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
<i>International Distance (1.5k Swim - 40k Bike - 10k Run)</i>		
Open/Age Group	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
Mountain Bike	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
Clydesdale / Athena	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
Elite Amateur Age Group	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
First Responder	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
Professional Triathlete	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
<i>Relay Team Competition (International Distance Only)</i>		
Open Relay Team <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed Team Name: _____	-----	<input type="checkbox"/> \$285
Corporate Relay Team <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed Company Name: _____	-----	<input type="checkbox"/> \$300
<i>Triple Challenge</i>		
Includes the Fleet Feet Sports SuperSprint Triathlon, the Sprint and International Distance of the Chicago Triathlon. Must be member of USAT to compete in this division. Info is available at USATriathlon.org .		
Open/Age Group	<input type="checkbox"/> \$300	-----
Mountain Bike	<input type="checkbox"/> \$300	-----

READ CAREFULLY BEFORE SIGNING: I acknowledge that prior to completing registration at the Multisport and Fitness 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 8/29/2010 (Chicago Triathlon).

code: CT web