

Request for Medical Roll-Over

If you are unable to compete due to injury or illness then you may qualify for a medical transfer to next year's event. As is clearly stated in our registration materials, there will be absolutely NO REFUNDS.

In order to qualify you must:

- fill this form out completely, and
- attach a note from a health care professional on their letterhead

*NOTE : A processing fee of \$25 will be charged for all medical rollovers into next year's event. Please do NOT include personal checks or cash, as this will be done online through the registration website at a later date. Please email registration@caprievents.com if you have any questions about the medical rollover process.

All materials must be postmarked no later than two (2) weeks after the race. All roll-over requests and inquiries will be handled by the Registration Coordinator. All decisions made by the Registration Coordinator are final.

Please mail to:

CAPRI Events - Medical Roll-Over Request
PO Box 577490
Chicago, IL 60657-7490

Chicago Triathlon

Sprint

(you must check one)

- Open Age Group
- Mountain Bike

International

(you must check one)

- Open Age Group
- Mountain Bike
- Clydesdale/Athena
- Elite Age Group
- First Responder
- Relay Team
- Corporate Relay Team

Fleet Feet Sports SuperSprint

- Open Age Group

Chicago Kids Triathlon

- Open Age Group
- Relay Team

Triple Challenge

- Open Age Group
- Mountain Bike

Please Note: Medical roll-overs are non-transferable and valid for ONE year only.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____

Email: _____

**Please print clearly and provide all of the information requested above.
Incomplete requests will not be considered!**