

**Make check payable to CAPRI Events.
Send with signed entry to:
CAPRI Events: Pro Entries
4001 N. Ravenswood Ave.
Chicago, IL 60613
NO REFUNDS OF ENTRY FEES. US FUNDS ONLY.
Keep cancelled check as proof of payment.**

**NOTE: Entry deadline is August 15, 2008
NO EXCEPTIONS.**

FAXED ENTRIES WILL NOT BE ACCEPTED.

**OFFICE USE
ONLY**

**THIS FORM MAY
BE COPIED.**

FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP

COUNTRY

Age on Race Day: Birth Date:
Sex: M F

Technical Shirt Size: XS S M L XL

Please contact me, interested in a home-stay

Number of Past Chicago Triathlons: _____

ChampionChip Timing:

I will Supply my own chip. CHIP CODE:

Work Phone: (____) _____

Home Phone: (____) _____

E-mail: _____

I am a Citizen of (country): _____

Company: _____

Occupation: _____

In Case of Emergency Call:

Name: _____ Relationship: _____

Phone: (____) _____ Medical problem. Please attach an explanation.

**USA Triathlon Membership or USAT
permit required for participation
in the Accenture Chicago Triathlon.**

I am a current USAT member and I hold a "Pro" card. My 6 digit member number is:

_____ I will show my card at race packet pick-up.

I am not a US citizen and do not wish to join USAT. I will pay the entry fee that includes the single event permit fee of \$10.

For USAT information visit www.USATriathlon.org.

ENTRY FEES (NO REFUNDS)		
Please check one	USAT Member	Non USAT Member
Professional Triathlete	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140

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 8/24/08 (Chicago Triathlon).