



Tri-ing to Help Sprint Triathlon August 14, 2010



General Information

Date: Saturday, August 14, 2010

Event Place: Sheridan Swim Club
3915 South 24th, Quincy, IL 62301

Packet Pick-up:

Friday, August 13th,
6:00 p.m. to 8:00 p.m. at
Sheridan Swim Club

Event Times for Triathlon:

6:00 a.m.—Registration Opens
7:00 a.m.—Registration Closes
7:30 a.m.—Transition Area Closes
7:30 a.m.—MANDATORY Meeting
8:00 a.m.—Triathlon Race Starts

Triathlon Distances

400 meters swim
13 miles bike
3.1 miles (5k) run

Fees for Triathlon:

Individual: \$35
Team: \$75

Registration after July 31 may not include a shirt.

Registration

Mail cut-off portion below with payment , or e-mail
triingtohelp@yahoo.com

Divisions

Individual Sprint:

19 & under	45 to 49
20 to 24	50 to 54
25 to 29	55 to 59
30 to 34	60 to 64
35 to 39	65 to 69
40 to 44	70 & above

Clydesdale (Men 200+ lbs)
Athena (Women 150+ lbs)

Teams (all ages):

Men Women
Coed Corporate

Awards

Awards to best Male, Female
Awards to 1st-2nd in individual divisions
Awards to best team in 3 team divisions

Lodging

Call Quincy Convention & Visitors Bureau at 1-800-97-VISIT

Course Description

The triathlon will start and finish at Sheridan Swim Club. The swim will be conducted in a 50 meter pool with a serpentine course. Starts will be staggered every 10 or 15 seconds. The bike leg will be an out and back course loop through the country side.

The run portion will be an out and back course on a city street and finish at the transition area.

See maps online at
<http://www.usatf.org/routes/view.asp?rID=218598>

<http://www.usatf.org/routes/view.asp?rID=218599>

Please send any questions to triingtohelp@yahoo.com

Individual or Team Member

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Email _____

Birthday _____

Shirt size (Dry Fit) S M L XL XXL

Select One Division:

Individual:

___ Men ___ Women

___ Men Clydesdale

___ Women Athena

___ Team Men

___ Team Women

___ Team Coed

___ Team Cooperate

Team Name: _____

Teams: Every member of your relay team MUST fill out a complete registration form. However, only ONE team member's form will include the payment calculation below.

Total Cost

Individual Participant \$35

Relay Team \$75

Total Amount Enclosed

\$ _____

Initial: I understand that no refunds will be given.

Initials _____

Individual or Team Member Signature _____

Return application with waiver and check made payable to:

Quincy Medical Group Foundation 3407 Lindell Ave, Quincy, IL 62301