



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

Event Times for Triathlon:

10:00 a.m.—Registration Opens
10:30 a.m.—Registration Closes
10:45 a.m.—Triathlon Race Starts

Registration

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

Fees for Triathlon:

Individual: \$20
Team: \$50

Registration after July 31 may not include a shirt.

Divisions

6 and Under
7-8
9-10
11-12
13-14

Teams (teams go by age of oldest racer)

Awards

Awards to 1st-2nd in each division

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 a 1 mile out and back and the run will be a .5 mile loop on a closed drive.

Individual or Team Member

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Email _____

Birthday _____

Shirt size S M L XL XXL

Select One Division:

____ 6 and Under
____ 7-8
____ 9-10
____ 11-12
____ 13-14
____ Team

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 \$20

Relay Team \$50

Total Amount Enclosed

\$ _____

Initial: I understand I must bring a photo I.D. and that no refunds will be given. **Initials** _____

WAIVER: In consideration of the acceptance of my entry into the Annual Quincy Multisport Club/ Tri-ing to Help Sprint Triathlon, my executors and administrators do release and discharge the Sheridan Swim Club and City of Quincy and their employees for all claims of damage, demands, actions whatsoever in any manner arising in or growing out of my participation in said event. I attest and verify that I have full knowledge of the risks involved and I am physically fit and sufficiently trained to participate. Also, I further grant permission to this event to be photographed or filmed for possible use in brochure, publication, or video without compensation. I am 18 or over or a parent of under 18 participant.

Individual or Team Member Signature _____

Parent's Signature _____

Return application with waiver and check made payable to:

Quincy Medical Group Foundation
3407 Lindell Ave
Quincy, IL 62301