



Sand Key TRIATHLON

.3 mile swim, 11 mile bike, 3.1 mile run

Date & Location

Sunday, September 13, 2009
Sand Key County Park
Clearwater, FL 33767



Start Time: 1st Wave 7:15 a.m. sharp

Entry Fee:	Individuals	Team
Before May 1	\$55.00	\$110.00
Before July 14	\$65.00	\$130.00
Before Aug 14	\$75.00	\$150.00
Before Sept 10th	\$85.00	\$170.00

NO REFUNDS & NO RACE DAY REGISTRATION

Make Checks payable to and mail to:
Tri This
6537 Cape Hatteras Way NE #1
St. Petersburg, FL 33702



Online Registration – Active.com
Information:

Race Director: Bev Buysse 727-526-5371
cell: 727-773-5675. www.trithisinc.com

Packet Pick Up:

Saturday, September 12, 2009
12:00 – 6:00 p.m.
Sand Key County Park, Shelter 1.
1060 Gulf Blvd.
Clearwater, FL 33767



USAT RULES & REGULATIONS

All participants must be members of USAT or pay a one day membership fee for non-USAT members. Do not include with registration.

Goodies:

Custom Design T-shirt
Pre/post race party
Complete race results posted same day
Drawings for great surprise gifts.

Awards:

Open Male/Female 1st – 5th
Standard 5 year age divisions 1st – 5th
Clydesdales/Athena 40 under/over 1st – 5th
Military 1st – 5th
Relay Divisions: 1st (Male/Female/Mixed/Military)

DIVISION: Elite Age Group Clyde/Athena First Timer Military Relay Mixed Relay M Relay F

SHIRT SIZE: S M L XL XXL XXXL *Relay Team Name:* _____

Name: _____ *Age:* _____ *Birthdate:* _____ *USAT#* _____

Address: _____ *City:* _____ *State:* _____ *Zip Code:* _____

Phone: _____ *Email:* _____

Emergency Contact Person: _____ *Emergency Contact Phone:* _____

In consideration of the entry, I for myself, my heir, devisees, executors, administrators and assigns hereby waive, release and discharge any and all Claims against Tri This Inc., Pinellas County Parks Dept., City of Clearwater, or organizations sponsoring or conducting this event, or their employees, representatives, or successors, for any and all damages or injuries I may suffer. I hereby grant permission for the free use of my name and picture in any broadcast, brochure or account of this event. **INSURANCE DOES NOT COVER THESE ACTIVITIES: BABY JOGGERS, ANIMALS, RADIO OR PHONE HEADSETS.**

Signature/ All Relay Team Members sign _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

