

Ste. Genevieve County Community Center's

MINI TRIATHLON



May 31, 2014

150 yard swim in our indoor pool
9 mile bike over hilly and scenic terrain
3 mile run that is sure to have you aching by the end!

Time: 9:00am

Entry Fee: \$ 35/\$ 40 after May 9th

Sign up by May 9th to guarantee a dry-fit t-shirt

- Participants will start every ten seconds via serpentine swim staggered according to predicted 150 yard swim time
- Packet Pick Up will be on race day starting at 7:30 am.
- Participants are REQUIRED to wear a helmet and must bring their own bike and any other equipment needed.
- Awards will be given to the top three in various age groups, and will take place half an hour after the final finisher.
- A confirmation email with extra details will be sent one week prior to the race.

Registration accepted by mail or in person - 21390 Hwy 32, Ste. Genevieve MO, 63670.



*Masterfully timed by
Splitmaster Chip Timing*

Questions? Call 573.883.5244 / email kschwent@sgccc.com

Want to learn how to "Train and Race Like a Pro?" Join Delbert Marriott, a former USA Triathlon Professional Athlete (Triathlon and Duathlon), at the Community Center on May 30th 6:30pm-8:00pm to learn about training, transitions, nutrition and more! Bring your bike, he will demonstrate how to transition correctly and cut seconds off your time. Free to racers! \$5 Fee to Non-Racers.

Name: _____ Phone: (____) _____ - _____

Address: _____ City/State/Zip _____

Email: _____ Age on Race Day: _____ Birthdate: ____/____/____ Sex: ____M____F

Estimated 150 Yard Swim Time:(Mandatory) _____ T-Shirt Size:(Circle One) YL AS AM AL AXL AXXL

Payment: ____\$35____\$40 (after May 9th) (Non-refundable, checks payable to the Ste. Genevieve County Community Center)

Will you be attending the May 30th Seminar? ____Yes____ No I will also bring a Non Racer to the Seminar ____Yes (\$5) ____ No

I, the undersigned participant, on behalf of myself, my heirs, legates and assigns, hereby agree to indemnify, save and hold harmless the Ste. Genevieve County Community Center and any of their agents, representatives, employees or assigns, for my health, safety or injury and or disability arising out of or resulting from participation in this program. In the event of an injury and a parent/guardian cannot be reached I authorize the Community Center to obtain medical care. I also authorize any photos taken of myself, the participant, to be used in any promotional materials by the Community Center.

Signature (Parent's if under 18 years): _____ Date: _____