



5th Annual STE. GENEVIEVE COUNTY COMMUNITY CENTER

MINI TRIATHLON



May 19, 2012

9:00 AM*

Entry Fee: \$30, \$40 after May 7th or on race day

Sign up by April 27th to guarantee a t-shirt

150 yard swim in our indoor pool, 9 mile bike over hilly and scenic terrain, 3 mile run that is sure to have your hamstrings aching by the end! Begins and ends at the Ste. Genevieve Community Center.

- ◆ *Participants will start every ten seconds via serpentine swim staggered according to predicted 150 yard swim time.
- ◆ Packet Pick Up will be from 6pm-8:30pm on the 18th at the Community Center and 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 to participate.
- ◆ Awards will be awarded to the top three in various age groups, and will take place half an hour after the final finisher.
- ◆ A confirmation email with more details will be sent prior to the race.
- ◆ Want to volunteer? Email knoonan@sgccc.com

Want to learn how to "Train and Race Like a Pro?" Join Delbert Marriott, a former pro triathlete, at the Community Center on May 18th 6:30-8:00pm to learn about training, transitions, nutrition and more! And it's free to racers! \$5 Fee to Non-Racers.



*Masterfully timed by
Splitmaster Chip Timing*

Registration accepted by mail, by fax, or in person
P.O. Box 403, Ste. Genevieve MO, 63670. Fax # 573.883.1037

Questions? Call 573.883.5244 or email knoonan@sgccc.com

Name: _____ Phone: (____) _____ - _____

Address: _____ City/State/Zip _____

Email: _____ Birthdate: ____/____/____ Sex: ___M___F

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

Payment: ___\$30___\$40 (after May 7th) (Non-refundable, checks payable to the Ste. Genevieve County Community Center)

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 old): _____ Date: _____