

ESCAPE FROM FT. DESOTO TRIATHLON XXIV

SWIM .5 MILE

BIKE 10 MILES

RUN 4 MILES

*** Limited First 1000 Entrants - Register by Dec. 1st & pay only \$60 ***

DATE/LOCATION

Saturday April 10, 2010
Fort Desoto Park — North Beach, St. Pete Fl.

DIRECTIONS

Take Pinellas Bayway Exit from 275 South, look for Signs Toll exit to Fort Desoto Park, Go to North Beach

START TIME

Triathlon waves begin at **7:00 A.M. Sharp !!**

ENTRY FEE

			Individuals	Teams
Before	Feb.	1st	\$ 75.00	\$ 150.00
After	Feb.	1st	\$ 85.00	\$ 170.00
After	April	1st	\$ 95.00	\$ 190.00

USAT RULES & REGULATIONS

All participants must be members of **USAT**
\$10.00 will be charged to all **Non** USAT members at all registration locations.

INFORMATION

Info / Applications 813-874-7223
Fax Applications (Per Race Director - ok) 813-238-1025
Online Registration (Closes 4/01/10)

USAT 1 day Forms - www.usatriathlon.org

RELAY DIVISION (3 Deep in Divisions)

Male / Female / Mixed
Relay teams consist of 2 or 3 members.
All relay members must fill out **USAT** application,
ALL NON USAT members will need to pay a \$10.00 fee

NEW FEE: MAKE \$10 CHECK PAYABLE TO USAT

GOODIES

NEW Pre / Post Race Parties & Entertainment
Great Designer Tech Shirt to all pre-registered
Complete race results with splits by Champion Chip.
Results & Finish line by **Alta Vista Sports**

RACE HOTEL

Race Hotel - Holiday Inn SunSpree 800-227-8045
mention Escape Triathlon - LIMITED SPACE !

No Race Day Registration - Limited to 1000 // NO REFUNDS

AWARD DIVISIONS AND AGE GROUPS

Standard 5 Year age Division (5 Deep)
Overall Male & Female, Over. Masters Male & Female
Age Group Male / Female 1st—5th (14 & UNDER TO 80+)
Clydesdale/ Male / Female 1st—5th in both 39 and under & 40 and over Divisions

NO REFUNDS

PACKET PICK UP

Thursday April 8th
4:00 PM To 7:30 PM.
Friday April 9th 12:00 - 7:30 PM
Bill Jackson Sports, St. Pete Fl.

SATURDAY APRIL 10th
6:00 AM TO 7:15 AM
NORTH BEACH
FORT DESOTO PARK

Last Name										First Name										Sex	Age	<u>Total Amount Enclosed</u>																	
<input type="text"/>										<input type="text"/>										<input type="text"/>	<input type="text"/>	\$ <input type="text"/> \$ <input type="text"/> <u>USAT</u>																	
Address																				Date of Birth --- (MM/DD/YY)																			
<input type="text"/>																				<input type="text"/> - <input type="text"/> - <input type="text"/>																			
City										State					Zip Code					NON USAT MEMBER PAY \$10																			
<input type="text"/>										<input type="text"/>					<input type="text"/>					USAT Number <input type="text"/>																			
Telephone / with Area code										Shirt Size — Select One Only										Team Type: M F MIXED																			
<input type="text"/>										<input type="text"/>										S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Team Name <input type="text"/>																			
<p>In consideration of this entry, I, for myself, my heirs, devisees, executors, administrators and assigns hereby waive, release and discharge any and all Claims against Race Place Magazine, Design Sports, Pinellas County Parks Dept., Pinellas County Sheriffs Dept. 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 HEADSETS.</p>																																							
IMPORTANT CHECK ONE																																							
<input type="checkbox"/>										<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																			
SIGNATURE / NO ENTRIES UNDER 18 / ALL TEAM MEMBER SIGN										DATE										Age Group					Clyds.					First Time					Relay				
MAKE CHECKS PAYABLE TO AND MAIL TO:																																							
ZORRELL TECH SHIRT FOR ALL PREREGISTERED										FRPM / ESCAPE FROM FT. DESOTO XXIV										P.O. BOX 152978 TAMPA FL. 33684-2978																			