SWIM .25 MILE BIKE 14 MILES RUN 3.1 MILES

# HEARTLAND TRIATHLON

USAT USA TRIATHLON SANCTIONED EVENT

## RACE WEBSITE

www.heartlandtri.org

### START TIME

Triathlon waves begin at 7:30 A.M. SHARP!

| ENTRY FEE | Individuals | Teams |
|---|---|---|
| Before May 3 | $60 | $110 |
| After May 3 | $70 | $125 |
| Race Day June 20 | $80 | $140 |

### AWARD DIVISIONS AND AGE GROUPS

Awards 1st through 5th in each division.
Post Race BBQ - FREE to participants and family.

### PACKET PICK-UP

***Civic Center Pier***
Friday, June 18th Noon to 7:00 pm
Saturday, June 19th 11:00 am to 5:00 pm
Sunday, June 20th 5:45 am to 7:00 am

### DATE/LOCATION

## *Sunday - June 20, 2010*

City Pier Beach
356 W Center Avenue
Sebring, FL 33870

### USAT RULES & REGULATIONS

All participants will provide a drivers license and proof of USAT membership, or purchase a $10 one-day pass. If you just purchased a new USAT license and have not received it yet, make a copy of your card off the internet BEFORE you arrive for packet pick up.

### RACE INFORMATION

cherie.starr@ahss.org
Fax / Applications 863-385-8810
Online Registration www.heartlandtri.com
or www.sommersports.com

### RELAY DIVISION *(3 Deep in Divisions)*

Male / Female / Mixed
Relay teams consist of 2 or 3 members.
All relay members must fill out a USAT application.
All NON-USAT members will need to pay the $10 fee.

### PASTA BASH 6/19

Guest speaker Michellie Jones - 6:00pm at the Sebring High School. Goodie bag with Sport Performance Shirt, Running Cap & Race Towel.

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐ First Name ☐☐☐☐☐☐☐☐ Sex ☐ Age ☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth – (MM/DD/YY) ☐☐ — ☐☐ — ☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip Code ☐☐☐☐☐

USAT Number: _____

Team Type: M F MIXED

Telephone (with Area Code) ☐☐☐—☐☐☐—☐☐☐☐

Shirt Size – Select One Only S☐ M☐ L☐ XL☐ XXL☐

Team Name: _____

❑ Age Group ❑ Male ❑ Female
❑ First Time ❑ Relay ❑ Elite
❑ Clydesdale ❑ Athena

**Each athlete must read and sign the Waiver and Release form at packet pick-up (parent or guardian if under 18).**

**Payment Method**

Check Number _____

Charge to my VISA ☐ MasterCard ☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐
Account Number 3 Digit Security Code

**RACE TOTAL $** _____ **USAT TOTAL $** _____

☐☐☐☐
Expiration Date (MM-YY)

Signature _____ Date _____

**Make checks payable to:**
Heartland Triathlon
227 US Hwy 27 North
Sebring, FL 33870

Email Address: _____