

San Rafael Classic Triathlon

Place: Huntington State Park

Huntington, Utah

Date: JULY 9-10 2010



MAGNIFICENT DESOLATION
www.sanrafaelclassic.com

Registration Form

All proceeds benefit the Emery County Search & Rescue Team.

Name (first, last): _____ E-mail: _____

Street Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Birthday _____ Age on Race Day _____ Sex (Circle One) Male Female

Team Name (If Applicable) _____

Swim Name _____ Shirt size (circle one): XS, S, M, L, XL

Bike Name _____ Shirt size (circle one): XS, S, M, L, XL

Run Name _____ Shirt size (circle one): XS, S, M, L, XL

Attending spaghetti Dinner? Yes No I need _____ extra meal tickets (\$7 each kids \$5)

One Spaghetti Dinner Ticket is Included with Race Registration

Race (chose one)	Fee	Individual Age Group			Individual Weight Group		Team Category:
Olympic Triathlon	\$60 <input type="checkbox"/>	10-19 <input type="checkbox"/>	45-49 <input type="checkbox"/>	Clydesdale (males over 200 lbs.) <input type="checkbox"/>		Men's Only <input type="checkbox"/>	
Sprint Triathlon	\$60 <input type="checkbox"/>	20-24 <input type="checkbox"/>	50-54 <input type="checkbox"/>	Athena (females over 150 lbs.) <input type="checkbox"/>		Women's Only <input type="checkbox"/>	
Duathlon	\$60 <input type="checkbox"/>	25-29 <input type="checkbox"/>	55-59 <input type="checkbox"/>			Co-Ed <input type="checkbox"/>	
Team Relay	\$120 <input type="checkbox"/>	30-34 <input type="checkbox"/>	60-64 <input type="checkbox"/>				
Kids Triathlon	\$25 <input type="checkbox"/>	35-39 <input type="checkbox"/>	65-69 <input type="checkbox"/>				
		40-44 <input type="checkbox"/>	70+ <input type="checkbox"/>				

Entry fee is non-refundable and non-transferable; contestants must present photo identification and sign a race waiver at race check-in. If under 18 years of age, your parent/guardian will be required to sign a waiver at race check-in prior to participating in this event.

Amount Enclosed \$ _____ Make Checks payable to Emery County Search & Rescue

Emergency contact

Phone #

Signature

Date

Parent/Guardian Signature (if under 18)

Date