

Steamboat Classic Triathlon

450 meter swim/15.5 mile bike/5 mile run



SUNDAY, APRIL 30, 2017
CENTRAL MUNICIPAL POOL
9:00 AM START

All registered athletes receive 5 split results, a t-shirt, and a post race

Age Group Divisions

Men's & Women's

0-19	40-44
20-24	45-49
25-29	50-54
30-34	60-64
35-39	65+

Para-Athlete Division

Men's
Women's
Para Relay

Relay Team Divisions

Men's
Women's
Youth (all 18-)
Masters (all 40+)
Coed



Awards

Trophies & Triathlon Gear to overall 1st, 2nd, 3rd place finishers-Male & Female
Trophies to top 3 in Para-athlete divisions
Trophies to top 3 finishers in each age group- Male & Female
Trophies to 1st, 2nd, & 3rd place in each team division
Trophies to the fastest swim, bike, & run splits - Male & Female individuals only



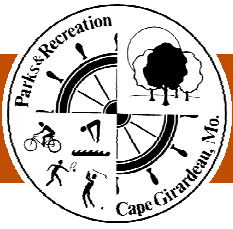
SANCTIONED

Register by completing the back of this form and turning it in or by logging onto:
www.cityofcapegirardeau.org/Parks/Races-Events-



CITY of CAPE GIRARDEAU
PARKS & RECREATION DEPARTMENT

573-339-6340
www.cityofcapegirardeau.org/parks
pwatson@cityofcape.org



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**If you or your team expects to finish in 2 ½ hours
 or more, please check here:**

INDIVIDUAL: (CIRCLE ONE) MEN WOMEN PARA-ATHLETE

Name _____ Phone _____ DOB _____ Age on 12/31/17:* _____

Email Address _____ T-Shirt Size _____

Mailing Address _____

RELAY TEAM: (CIRCLE ONE) MEN WOMEN CO-ED MASTERS YOUTH PARA-ATHLETE

Liability Waiver: In consideration of the foregoing, I for myself, executors, administrators and assignees, do hereby release and discharge the Cape Girardeau Parks and Recreation Department and all co-sponsors from all claims of damage, demands, causes of action whatsoever, in any manner arising out of my participation in this triathlon. Furthermore, I understand that this event is extremely physically demanding, and am in proper condition to participate.

Signature of Swimmer or Individual _____ Date _____

Name of Swimmer _____ Age on 12/31/17:* _____ DOB _____

Email Address _____ T-Shirt Size _____

Address of Swimmer _____ Phone: _____

Signature of Biker _____ Date _____

Name of Biker _____ Age on 12/31/17:* _____ DOB _____

Email Address _____ T-Shirt Size _____

Address of Biker _____ Phone: _____

Signature of Runner _____ Date _____

Name of Runner _____ Age on 12/31/17:* _____ DOB _____

Email Address _____ T-Shirt Size _____

Address of Runner _____ Phone: _____

FEES INDIVIDUAL RELAY TEAM

Early Registration Rate (<i>postmarked by April 7th</i>)	\$45.00	\$55.00
Late Registration Rate (April 10-25)	\$55.00	\$65.00
Day of Registration Rate (April 26-30) <small>(Day of race registration 6:30am-8am)</small>	\$65.00	\$75.00

USAT Non Member One Day Fee Plus \$15.00 per participant.

Total Amount Included: _____

If you are a current USAT member, Please list your membership number here: _____

No fees will be refunded under any circumstances.

**Make checks payable to the City of Cape Girardeau.
 Mail entry form to: Steamboat Classic Triathlon 410 Kiwanis Drive Cape Girardeau MO 63701**

MUST BRING PICTURE ID AND USAT MEMBERSHIP CARD FOR PACKET PICKUP!

***Per USAT rules, all athletes will compete in the age group based on their age on 12/31/2017.**