



33rd Crescent City Triathlon

August 20, 2017, Sunday, 8:30 a.m.

Mail-in Registration

Registration also available online
<http://regtrace.com/event/225>

official use only

Category	Early Fee	After July 31	Total
● Adult Triathlon, Individual			
ages 13-18	\$40	\$50	\$
19 & older	\$55	\$65	\$
● Adult Duathlon, Individual	\$40	\$50	\$
● Adult Tri, Relay Team of 2 or 3	\$35 per person	\$40 per person	\$
● Kids Triathlon, Individual	\$20	\$25	\$
● Donation Drawing Tickets	\$1.00 each or	6 for \$5.00	# & \$

Participant's Name, please print _____

Athletes or guardians are required to sign **Waiver** on race day

Address _____

City, St, Zip _____

Phone _____ Gender M_ F_

Email _____

Date of Birth _____ Age on race day _____

Adult Swimmers: estimated 500 yard swim time _____ minutes

How many times have you done the CC Tri? _____

Total \$ _____

Mail & Payable to:
 Crescent City Triathlon
 P.O. Box 404
 Crescent City, CA
 95531

Race day **emergency** contact:

Name _____

Phone _____

Alternate phone _____

TRIATHLON RELAY TEAM NAME: _____

Winner awards to the top male, top female, and top mixed team team, and top corporate team.
 There will be no age category medals this year.

Each athlete must submit a separate entry form; each athlete must sign Waiver on race day.

Swimmer's Name _____ Male _____ Female _____

Cyclist's Name _____ Male _____ Female _____

Runner's Name _____ Male _____ Female _____

11-15-16