

Tompkins-Bank of Castile Present

2017 Tri the Oatka Team Triathlon

www.tritheoatka.com

Registration Form

Saturday, July 15th, 2017

7:30 AM Start



TEAM SIZE:

Check one:

Canoe: 2 Person: _____ 4 Person: _____

Kayak: Individual: _____ 2- Person: _____ 3- Person: _____

Team Name: _____

*** Shirts guaranteed ONLY until June 20th ***

PARTICIPANTS:

Runner Signature: _____ Phone: _____

Street: _____ City: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL Age _____ Male _____ Female _____

Email Address: _____

Cyclist Signature: _____ Phone: _____

Street: _____ City: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL Age _____ Male _____ Female _____

Email Address: _____

Canoe/Kayak Signature: _____ Phone: _____

Street: _____ City: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL Age _____ Male _____ Female _____

Email Address: _____

Canoe/Kayak Signature: _____ Phone: _____

Street: _____ City: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL Age _____ Male _____ Female _____

Email Address: _____

HELMETS AND LIFE JACKETS (2) REQUIRED!!

PACKET PICKUP: Friday July 14th: 5- 7 PM

Summit Street Tennis Courts: 40 Wolcott Street, Le Roy

And Race day starting at 5:30 AM (Summit Street Tennis Courts)

Please note: Each participant in the triathlon must pick up his/her own packet and show his/her photo ID and/or USAT membership card per USA Triathlon insurance regulations.

ENTRY FEES:

4 Person Team:

Until 4/30/2017 \$130.00

5/01/16 - 6/30/17 \$145.00

7/01/16 - 7/15/17 \$160.00

2 Person Team:

Until 4/30/2017 \$ 60.00

5/01/16 - 6/30/17 \$ 75.00

7/01/16 - 7/15/17 \$ 90.00

3- Person (kayak) Team:

Until 4/30/2017 \$ 90.00

5/01/16 - 6/30/17 \$115.00

7/01/16 - 7/15/17 \$130.00

2- Person (kayak) Team:

Until 4/30/2017 \$60.00

5/01/16 - 6/30/17 \$75.00

7/01/16 - 7/15/17 \$90.00

Individual Kayak only:

Until 4/30/2017 \$45.00

5/01/16 - 6/30/17 \$55.00

7/01/16 - 7/15/17 \$65.00

One day USA Tri mbrshp
(Required if non mbr)* - \$14.00

EACH ALTHLETE MUST PAY

ONE DAY LICSENSE

USA Triathlon member

Number: _____

TOTAL FEES: _____

Make checks payable to:

Tri the Oatka

Mail form to: Karen Samis

9454 South St. Rd.

Le Roy, NY 14482

Visit: www.tritheoatka.com

Register: www.finishright.com