GRAND MARAIS TRIATHLON

Sunday, September 5, 2010 ~ 1:30 pm

Sponsored by the Grand Marais Chamber of Commerce

1/4 Mile Swim

13.6 Mile Bike

5K Run

* Start and finish of all events in downtown Grand Marais at the Bayshore Park Bandstand
* Race day registration 11:00 AM to 1:00 PM
* Ribbons for top 3 in each age group & teams.
* T-shirts for all participants.
* Safety: Run and bike are on open road. Certified helmets are required!
* Age groups; Male & Female: 10 year splits.
* Teams; all male (any age) all female (any age) co-ed (any age). Teams may consist of 2 or 3 people. Each team member must complete an application & pay registration fee! Team Entry's must be submitted together to qualify.

Entry Fees

Registration Fee: Triathlon.....$32.00 per person
Registration Fee: 5K .....$15.00 per person
Save $7.00on Registration for Triathlon!
Early Registration .....$25.00 per person
Early Registration ends September 1, 2010

Discounts

UPRRC Members save $2.00
Team Entry's save $2.00 per person

* Pay Early Registration through our convenient online store at www.grandmaraismichigan.com or by check.. Enter your PayPal receipt/transaction ID in the payment form below. **Mail** completed registration form prior to 09/01/10.
* For additional information, Contact: Ed Bowen at 906-494-2700, Fax 906-494-2353 or ebowen@jamadots.com

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Grand Marais Triathlon ~ Registration Form

(Please Print and complete one Registration Form for each entrant and event)

BIB #: _____
Finish: _____

Early Registration for Triathlon ONLY: $25.00_____

At Event: Triathlon $32.00_____ or 5K $15.00 _____

Last Name_____First_____MI_____

Address_____

City, State, Zip_____Age on 9/5/2010_____

Date of Birth_____Sex M____F____Phone _____email_____

UPRRC Member? ____Yes, deduct $2.00 from Triathlon Entry Fee

Team entry: Team Name_____ MUST be submitted together

Shirt size: S M L XL XXL Shirts will be available the day of event

I hereby release sponsoring groups, and other representatives, and all officials, workers, volunteers involved with this event from any and all rights and claims for injuries or illness suffered by me in this event. I understand that participation in this event is strenuous and I verify that I am physically fit to compete in said event.

_____ _____

Signature Date Parent or Guardian (if under 18) Date

Payment Method

(Check one & complete requested information)

_____ Check or Money Order Enclosed #_____ payable to: Grand Marais Chamber of Commerce
_____ PayPal Receipt or Transaction ID #:_____

Mail completed form to: Ed Bowen, PO Box 354, Grand Marais, MI 49839