

Aurora BayCare Duathlon

CHECK ONE: Individual _____ Relay/1st Runner _____

First _____ Last _____

Female _____ Male _____ D.O.B _____/_____/_____ Age _____

Email _____

Phone _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Athena (F-165 lbs+) _____ Clydesdale (M-220 lbs+) _____ (optional)

Circle shirt size: Adult XS S M L XL XXL (add \$3)

ONLY CHECK if you would like the Elite Wave _____

If so, fill in your best event and overall place

Event: _____ Overall Place: _____

Check one: All Male All Female Coed

Family Relay Team (1 member 16 or under)

Team Name _____

Ph: _____ - _____ - _____

Biker

First _____ Last _____

Shirt: XS S M L XL XXL (add \$3)

E-mail _____

Runner

First _____ Last _____

Shirt: XS S M L XL XXL (add \$3)

E-mail _____

Registration at Bay Beach Amusement Park
1313 Bay Beach Rd, Green Bay
Fri., Oct. 20 • 4-6 p.m. or Sat., Oct. 21 • 6 - 7:15 a.m.

Fill in appropriate fee:

_____ Individual • \$50

_____ 16 yrs or under \$25 ea

_____ Relay • \$30 ea

_____ Family Relay Member 16 yrs or under \$20 ea

_____ Add \$3 for XXL

_____ Total

Mail check & registration forms to: DuTriRun

PO Box 7723, Appleton, WI 54912

Contact person in case of emergency:

Name _____ ph _____

Waiver: I know that competing in this event is a potentially hazardous activity. I should not enter and compete unless I am medically able and properly trained. I agree to abide by a decision of a race official relative to my ability to safely complete the duathlon. I assume all risks associated with competing in this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf waive and release all race officials and agents of the event; for liabilities of any kind.

Option:
register online
at active.com

Signature of Entrant or Parent/Guardian (if under 18)

Date