

17th Annual Columbus Challenge

Sprint Triathlon

Saturday, August 4, 2012

Entry Form

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sex: M ___ F ___ Age: _____ Date of Birth: _____ T-shirt Size: S ___ M ___ L ___ XL ___ 2XL ___

USAT # (if applicable): _____ Will you be attending the Friday night dinner? Yes ___ No ___

Rate Your Swimming Ability: Elite ___ Pretty Good ___ Average ___ Below Average ___ Slow ___

Emergency Contact: _____ Phone: _____

Is this your first time competing in the Columbus Challenge Sprint Triathlon? Yes ___ No ___

Select Category that you will be competing in:

Sprint Distance Individual Age Group _____

Sprint Relay Team _____ (complete the next page)

Sprint Athena (150lbs+ Female) _____

Sprint Clydesdale (200lbs+ Male) _____

Olympic Distance Individual Age Group _____



Columbus Challenge Sprint Triathlon Categories (Registrations postmarked 7/30 add \$10)



- Sprint Distance - Individual – USAT Member: **\$53.00**
- Sprint Distance - Individual – Non-USAT Member: **\$65.00**
- Sprint Relay Team: **\$105.00** (deduct \$12 per USAT Member)
- Olympic Distance - Individual – Non-USAT Member: **\$80.00**
- Olympic Distance - Individual – USAT Member: **\$68.00**

Make check payable to: **Foundation For Youth
c/o Columbus Challenge
405 Hope Ave.
Columbus, IN 47201**



COLUMBUS
REGIONAL
HOSPITAL



Relay Teams: Captains please complete team information below:

Check one: Male Female Coed

Team Name: _____

Team Mate 1

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sex: M F Age: _____ Date of Birth: _____ T-shirt Size: S M L XL 2XL

USAT # (if applicable): _____ Will you be attending the Friday night dinner? Yes No

Emergency Contact: _____ Phone: _____

Is this your first time competing in the Columbus Challenge Sprint Triathlon? Yes No

Team Mate 2

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sex: M F Age: _____ Date of Birth: _____ T-shirt Size: S M L XL 2XL

USAT # (if applicable): _____ Will you be attending the Friday night dinner? Yes No

Emergency Contact: _____ Phone: _____

Is this your first time competing in the Columbus Challenge Sprint Triathlon? Yes No

Rate Your Teams Swimming Ability: Elite Pretty Good Average Below Average Slow

Participants may compete in either the age division, relay team division, or weight division (Athena or Clydesdale). Individual awards will be given to the top three male and female participants in each of the following age divisions: 14-17, 18-20, 21-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, and 85+. The top 3 teams in each division will also receive awards. Per USAT rules, awards for participants will be based on their age on December 31st of current year. No one under 14 is eligible to participate.

The Triathlon will be timed by Mattoon Beach Multi Sports using the ChampionChip. Participants will receive a race t-shirt and light post race meal.

Friday Night Packet Pickup will be held at Tipton Lakes Marina from 6-8 p.m. on August 3rd. The Bicycle Station will be available to tune up your bike for free. You will also receive a free meal and have the opportunity to check out the race venue. The Columbus Challenge Sprint Triathlon is a fundraiser for Foundation For Youth. Visit our website to learn more about our programs: www.foundationforyouth.com.

Thank you for taking the Challenge for Kids' Sake!