TOP GUN TRIATHLON X

At Fort Desoto

SWIM .25 MILES ***BIKE 10 MILES*** ***RUN 3.1 MILES***

DATE/LOCATION

LIMITED TO 1000

Saturday July 31, 2010
Fort Desoto Park, St. Pete Fl.

DIRECTIONS

Take Pinellas Bayway Exit 17 from 275 South look for signs / Toll exit to Fort Desoto Park

START TIME

Triathlon waves begin at **7:30** A.M. ***Sharp !!***

ENTRY FEE

		Individuals	Teams
Before	April 30th	___ $ 75.00	$ 150.00
After	April 30th	___ $ 85.00	$ 170.00
After	July 15th	___ $ 95.00	$ 190.00

NO RACE DAY REGISTRATION **NO REFUNDS**

AWARD DIVISIONS AND AGE GROUPS

Standard 5 Year age Division (5 Deep)
Overall Male & Female / Top Masters Male / Female
Age Group Male / Female 1st—5th (14 & UNDER TO 80+)
Clydesdale/ Male / Female 1st—5th in both 39 and under & 40 and over, 1st Timer Male/Female

PACKET PICK UP

Thurs. July 29th 4-7 PM
Friday July 30th 12-7 PM
Bill Jackson Sports — Pinellas Park

Saturday July 31st
5:30 AM to 7:00 AM
At Race Site

USAT RULES & REGULATIONS

All participants must be members of **USAT** or **$10** will be charged to all **non** USAT members at Registration.

USAT 1 YEAR INSURANCE — www.usatriathlon.org

INFORMATION

Info / Applications 813-874-7223
Website: www.topguntriathlon.com

Online Registration

IMATHLETE inform. inspire. connect.

RELAY DIVISION (3 Deep in Divisions)

Male / Female / Mixed /Military
All Relay Teams consist of 2 or 3 members.
All Relay Members must fill out **USAT** application.
All **Non** USAT members will need to pay a $10.00 fee

Make $10 Check Payable to USAT
Do Not add USAT amount to race entry fee

GOODIES

Pre / Post Race Parties with Entertainment at Site
Great Looking Zorrel Tech T-Shirt to All.
Results and Finish line by **Alta Vista Sports**
Expo: Bill Jackson Sports 727-576-4169
Hotel : Holiday Inn - 800-227-8045

ATHLETES RECEIVE ZORREL TECH. SHIRT - VALUE $25

Last Name First Name Sex Age **Amount Enclosed** $_____

Address Date of Birth MM/DD/YY

City State Zip Code Non USAT Members Make $10 check to USAT

USAT Number_____

Telephone / with Area code Shirt Size - Select One *Team Type* *__M__F__MIX__MIL.*

S□M□L□XL□ XXL□ *Team Name*_____

In consideration of this entry, I, for myself, my heirs, devises, executors, administrators and assigns hereby waive, release and discharge any and all Claims against Race Place Magazine, Pinellas County Parks Dept., Pinellas County Sheriffs Dept. or organizations, sponsoring or conducting this event, or their employees, representatives, or successors, for any and all damages or Injuries I may suffer. I hereby grant permission for the free use of my name and picture in any broadcast, brochure or account of this event. INSURANCE DOES NOT COVER THESE ACTIVITIES: BABY JOGGERS, ANIMALS, RADIO HEADSETS.

*** IMPORTANT CHECK ONE

_____ _____ E-Mail_____

SIGNATURE —NO ENTRIES UNDER 18 / All TEAM MEMBER SIGN DATE

Age Grp. Clyds / Athena 1st Timer Relay

MAKE CHECKS PAYABLE TO & MAIL TO: ***FRPM / TOPGUN 2010***
P.O. Box 152978 TAMPA FL. 33684-2978

NO REFUNDS