

Tompkins-Bank of Castile Present

2018 Tri the Oatka Team Triathlon

www.tritheoatka.com

Registration Form

Saturday, July 14th, 2018

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: _____ Phone: _____

Street: _____ City: _____

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

Email Address: _____

Cyclist: _____ Phone: _____

Street: _____ City: _____

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

Email Address: _____

Canoe/Kayak: _____ Phone: _____

Street: _____ City: _____

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

Email Address: _____

Canoe/Kayak: _____ 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 13th: 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 4/30/2018 \$100.00

5/01/18 - 6/30/18 \$125.00

7/01/18 - 7/13/18 \$140.00

Day of: \$160

2 Person Team:

Until 4/30/2018 \$60.00

5/01/18 - 6/30/18 \$75.00

7/01/18 - 7/15/18 \$90.00

Day of: \$110

3- Person (kayak) Team:

Until 4/30/2018 \$80.00

5/01/18 - 6/30/18 \$115.00

7/01/18 - 7/15/18 \$130.00

Day of: \$140

2- Person (kayak) Team:

Until 4/30/2018 \$60.00

5/01/18 - 6/30/18 \$75.00

7/01/18 - 7/15/18 \$90.00

Day of: \$110

Individual Kayak only:

Until 4/30/2018 \$45.00

5/01/18 - 6/30/18 \$55.00

7/01/18 - 7/15/18 \$65.00

Day of: \$75

One day USA Tri mbrshp
(Required if non mbr)* - \$15.00

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