

PLEASE FILL OUT FORM COMPLETELY - MISSING INFORMATION MAY DELAY OFFICIAL ENTRY.  
Please Note: USAT uses the "age-up" rule. Please use the age you will be on 12-31-2010.

**2010 ENTRY FORM — US Women's Triathlon Series — Naperville Triathlon**

Make check payable to:  
**CAPRI EVENTS**  
Send with signed entry postmarked by 5/24/10 to:  
Capri Events  
c/o SMA, 4562 N. 126th St., Butler, WI 53007  
**NO REFUNDS OF ENTRY FEES. US FUNDS ONLY**

**NOTE: NO DIVISION CHANGES  
WILL BE ALLOWED AFTER  
5/24/10.  
NO EXCEPTIONS.**

**OFFICE USE ONLY**

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**THIS FORM MAY  
BE COPIED.**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**ChampionChip Timing:**

I will Supply my own chip. **CHIP CODE:** \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Company: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Birth \_\_\_\_\_  
(as of 12-31-10) \_\_\_\_\_ Date: \_\_\_\_\_

**In Case of Emergency Call:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  Medical problem. Please attach an explanation.

**Choose One:** **Shirt Size:** YL S M L XL XXL  
**Tank Top Size:** S M L XL

**1/2 PRICE SUBSCRIPTION TO TRIATHLETE**

**YES!** Send me one year of Triathlete Magazine for \$29.95, which is 15% off the subscription price of \$34.95. Take advantage of Triathlete's special offer created for competitors like you, who are the heart of the sport. **Subscribe, or extend your current subscription to Triathlete and save!**

**OVARIAN CANCER RESEARCH FUND**

**Yes! I want to help even more!**

I have included my tax deductible donation to the Ovarian Cancer Research Fund in the amount of:  
\$10 \$20 \$50 \$100 Other \_\_\_\_\_

**Membership in USA Triathlon or a USAT single event permit is required for participation in the US Women's Triathlon.**

I am/will be a USAT member on race day and will show my card at packet pickup. My 6 digit USA Triathlon membership number is: \_\_\_\_\_.

I am 18 years or older and need to purchase a \$10.00 USAT single event permit.

I am 17 years or younger and need to purchase a \$5.00 USAT yearly permit.

I will be on a Relay Team (fee is included in entry fee)

**For USAT information visit [www.USATriathlon.org](http://www.USATriathlon.org).**

**Please enter me in one of the following categories (please check ONE):**

| <b>SPRINT</b>     |                                 |   |  |
|-------------------|---------------------------------|---|--|
| <b>Division*</b>  | <b>HAVE USAT License</b>        | <b>17 &amp; Under<br/>ADD USAT Permit</b> | <b>18 &amp; Over<br/>ADD USAT Permit</b> |
| <b>Age Group</b>  | <input type="checkbox"/> \$ 75  | <input type="checkbox"/> \$ 80            | <input type="checkbox"/> \$ 85           |
| <b>Elite</b>      | <input type="checkbox"/> \$ 75  | <input type="checkbox"/> \$ 80            | <input type="checkbox"/> \$ 85           |
| <b>Triumph</b>    | <input type="checkbox"/> \$ 75  | <input type="checkbox"/> \$ 80            | <input type="checkbox"/> \$ 85           |
| <b>Family</b>     | <input type="checkbox"/> \$ 75  | <input type="checkbox"/> \$ 80            | <input type="checkbox"/> \$ 85           |
| <b>Relay Team</b> | <input type="checkbox"/> \$ 140 | *Included                                 | *Included                                |

Team Name: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING:** I acknowledge the following:(1) Prior to receiving my Event race packet, I will be required to show my photo ID and proof of my current USAT membership or my current USAT single event permit. (2) I will be required to sign and submit both the Event & USAT AWRL Forms and Event Swim Waiver, and if I am under 18-years in age, the signature of my parent or guardian is required. (3) Failure to meet any of the above criteria at the time of race packet pick up will disqualify me from participating in the Event. (4) There are no refunds of race entry fees, and Event entry transfers are the discretion of CAPRI Events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
If participant is under 18 as of 6/13/10

CODE: web-IL