TOP GUN TRIATHLON IX

At Fort Desoto

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

DATE/LOCATION
Saturday Aug. 1, 2009
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	May	24th	$ 65.00	$ 130.00
After	May	24th	$ 75.00	$ 150.00
After	July	24th	$ 80.00	$ 160.00

NO RACE DAY REGISTRATION **LIMITED TO 900**

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 30th 4-7 PM
Friday July 31st 12-7 PM
Bill Jackson Sports — Pinellas Park

Saturday August 1st
6:00 AM to 7:15 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
active.com

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

ALL ATHLETES RECEIVE ZORREL TECH. SHIRT VALUE $30

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

Telephone / with Area code ☐☐☐-☐☐☐-☐☐☐☐ USAT Number_____

Shirt Size - Select One S☐ M☐ L☐ XL☐ XXL☐ *Team Type* __M __F __MIX __MIL.

*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 2009
P.O. Box 152978 TAMPA FL. 33684-2978

NO REFUNDS