



34th Crescent City Triathlon

August 19, 2018, Sunday, 8:30 a.m.

Mail-in Registration Form

Or at www.crescentcitytriathlon.com
and online
<http://bit.ly/2kzeLdl>

official use only

Category	Early Fee	After July 31	Total
● Adult Triathlon, Individual			
ages 13-18	\$40	\$50	\$
19 & older	\$55	\$65	\$
● Adult Duathlon, Individual	\$40	\$50	\$
● Adult Tri, Relay Team of 2 or 3	\$35 per person	\$40 per person	\$
● Kids Triathlon, Individual	\$20	\$25	\$
● Donation Drawing Tickets	\$1.00 each or	6 for \$5.00	# & \$

Participant's Name, please print _____

Athletes or guardians are required to sign **Waiver** on race day

Address _____

City, St, Zip _____

Phone _____ Gender M_ F_

Email _____

Date of Birth _____ Age on race day _____

Adult Swimmers: estimated 500 yard swim time _____ minutes

How many times have you done the CC Tri? _____

Total \$ _____

Mail & Payable to:
Crescent City Triathlon
P.O. Box 404
Crescent City, CA
95531

Race day **emergency** contact:

Name _____

Phone _____

Alternate phone _____

Volunteers needed

Name _____

Contact _____

TRIATHLON RELAY TEAM NAME: _____

Winner awards to the top male, top female, and top mixed team team, and top corporate team.
There are no age category medals.

Each athlete must submit a separate entry form; each athlete must sign Waiver on race day.

Swimmer's Name _____ Male _____ Female _____

Cyclist's Name _____ Male _____ Female _____

Runner's Name _____ Male _____ Female _____

12-15-17