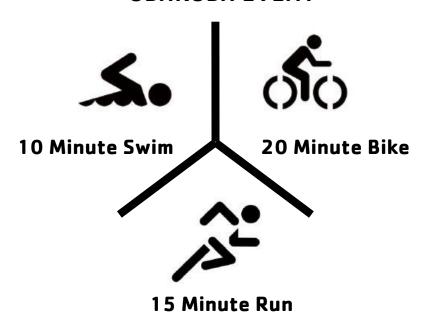
The 2015 Fox Valley Regional YMCA Indoor Triathlon Series OSHKOSH EVENT



WHEN: Saturday January 17, 2015

WHERE: Oshkosh YMCA

3303 W. 20th Ave. Oshkosh WI 54904

TIME: The first wave will start at 12:00 noon sharp. Please make sure you are checked in at

registration 20-30 minutes before your wave will start. Each wave will start 30 minutes apart and start promptly at its posted starting time. Start times will be available three days prior to

the race date. When your time is posted, it is final.

ENTRY FEE: \$45 for all participants. The entry fee includes t-shirt. Registration closes Mon Jan 12 at 5 PM.

Register thru Active.com or complete and return this form to the Oshkosh YMCA. All proceeds

from this event benefit the YMCA's Annual Campaign.

DIVISIONS: Male/Female & Age Group. There is a minimum age of 8 years AND height of 4'10" to

participate. Age groups are: 8-10, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-49, 50-59, 60-69

& 70+.

AWARDS: Medals will be awarded for 1st place in each age group and overall male and female.

Participants competing in all three races are eligible for Overall Series awards. An award

ceremony will take place 15-20 minutes following the final wave.

<u>INFO:</u> <u>Participation is limited</u>. Each wave will consist of up to 12 participants and it will take 1 hour to

complete the event. Each wave will have assigned start and finish times for each event. MP3 players/iPods *are allowed* to be used as long as you can hear the instructions of the race staff.

The length and order of events & transitions will be:

-10 Minute Swim,

-10 Minute Transition,

-20 Minute Bike,

-5 Minute Transition,

-15 Minute Run (On Indoor Track)

For information, contact Dan Braun at (920) 236-3406 x311 or danbraun@oshkoshymca.org

ENTRY FORM

(PLEASE PRINT)	2015 FOX VALLEY REGION			
				_
CITY:		_STATE:	ZIP:	
PHONE:		HOME Y	(IF Y MEMBER):	
EMAIL ADDRESS:				
	1 2 3 4 12:00 12:30 1:00 1 List Wave Preferer	:30 2:00 2:30	7 8 9	4:30
	-	T-SHIRT SIZE (IN M	1EN'S):	
SMALL:	MEDIUM:	LARGE:	XL: 2XL: _	3XL:
YOUTH MEDIUM	: <u> </u>			
TOTAL AMOUNT	ENCLOSED: \$			
	(Make all o	checks payable to	Oshkosh YMCA)	
	<u> </u>	RELEASE FROM LIA	<u>ABILITY</u>	
	REA	D THIS RELEASE C	AREFULLY!	
	WHEN YOU SIGN IT YOU	WILL BE GIVING U	JP IMPORTANT LEGAL	RIGHTS!
TRIATHLON SERIE executors and my	of the acceptance of my eres - OSHKOSH EVENT, I inter y administrators. In signing ition from any and all liabil	end to be legally b g this release from	ound, for not only mys n liability I waive and re	elf but also my heirs, my elease everyone connected
sue in an effort to	attorney fees and litigation o challenge this release fro n expenses is the <u>sine qua</u>	m liability form. I	understand that my ag	greement to pay attorney
	JLL OF APPLICANT:			
SIGNATURE IN FL				

Mail to: **OSHKOSH YMCA**

C/o Dan Braun

324 Washington Ave. Oshkosh WI 54901