

General Information

DATE:

Saturday, August 17, 2013
Check-in: 6:30 a.m. - 7:15 a.m.
Race begins at 7:30 a.m.

REGISTRATION:

Registration will be accepted by mail or in person at the Meade Activity Center office.

REGISTRATION FEES:

\$40 per individual participant
\$60 per team
Add \$15 for late registration

REGISTRATION DEADLINE:

Wednesday, August 7, 2013

For event information contact:

KORT Brandenburg Physical Therapy at 270-422-3775 or e-mail us at info@meadeactivitycenter.org.

For registration information contact:

MAC office at 270-422-2227 or e-mail us at info@meadeactivitycenter.org.

MAKE CHECK PAYABLE TO:

Meade Activity Center or MAC

REGISTRATION ADDRESS:

Meade Activity Center
493 Lawrence Street
Brandenburg, KY 40108
Phone: (270) 422-2227

Course Description

- The 350 meter SWIM takes place in the Doe Valley Swim and Tennis Club 25-meter outdoor pool.
- The 8 mile BIKE course is out and back with some hills and a few turns.
- The 2.2 mile RUN course is a loop and is slightly hilly.
- There will be water stops along the route.

Awards

Awards will be generated by the population of registered participants. There will be awards for all ages.

Attention!!!

DO NOT FORGET TO SIGN THE WAIVER ON THE BACK OF THE REGISTRATION FORM... THIS MUST BE SIGNED IN ORDER FOR YOU TO PARTICIPATE.... THANKS!



Registration Form

PARTICIPANT 1: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
CELL PHONE: _____
E-MAIL: _____
AGE & DOB: _____
GENDER: M or F

COMPETING AS: Individual or Team

TEAM NAME: _____

PARTICIPANT 2: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
CELL PHONE: _____
E-MAIL: _____
AGE & DOB: _____
GENDER: M or F

PARTICIPANT 3: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
CELL PHONE: _____
E-MAIL: _____
AGE & DOB: _____
GENDER: M or F

Please estimate your overall finish time by choosing one of the following (check one):

Under 50 minutes ___ 60 - 70 minutes ___
50 - 60 minutes ___ Over 70 minutes ___

This is for organizational purposes and does not have to be exact.



Waiver

I, the undersigned participant in the MAC Mini Triathlon 2013, do hereby agree for myself, my heirs, executors, and assigns that, the MAC and any sponsors or employees, shall be released from any and all claims for personal injury or loss or damage to personal property arising from my participation in any and all activities associated with this event. I assume all risks and am aware that I am participating in this event at my own risk.

Team Member 1

Team Member 2 (if applicable)

Team Member 3 (if applicable)

If under 18, parent/guardian signature

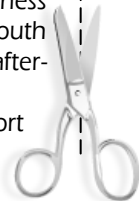
T-Shirt Sizes:	small ___
(sizes are Adult)	medium ___
Please Check one or	large ___
place number next	X large ___
to size for more than	XX large ___
one participant.	

Come & Support the MAC

MAC Mission Statement: To promote active lifestyles and a healthy community through education, wellness, and recreation opportunities for all.

The Meade Activity Center is now offering a variety of programs and activities to promote health and wellness to our local community. New offerings include youth sports, adult fitness, swim lessons, camps and after-school programming.

Please help support our cause; come out and support us at our Mini-Triathlon event!



MAC 4th Annual Mini-Triathlon

swim • bike • run



August 17th, 2013



Visit us on the Web:
www.meadeactivitycenter.org

Sponsored by:

KENTUCKY ORTHOPEDIC REHAB TEAM
KORT
The Best In Rehab.
& Advocates for the MAC