

MAC TRIATHLONS

Join the Fun!

Whether you are a triathlon novice or an experienced veteran we have something for you. Newbies will love the sprint, and veterans will do the olympic year after year. **We even cover the USAT fee for non-members in the sprint. A \$12 savings.**

The Courses

Sprint

The 250 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 a few hills and turns

The 2.2 mile run course is a loop with a few hills

Olympic

The 1500 meter swim is in beautiful Doe Valley Lake

The 40K bike is rolling on roads around Doe Valley and Meade County

The 10K run will be on a scenic rolling course

Awards

Awards will be presented based on the number of registered participants. There will be awards for all ages.

Helmets are required any time you are on your bike before during and after the race.

Date:

Saturday, July 12, 2014

Check-In: 6:30am - 7:15am

Race begins at 7:30am

Registration

Registration will be accepted by mail or Online at headfirstperformance.com. We urge you to register early to avoid late fees, however you may register on race day.

Entry Fees

Sprint
\$40 before July 12
\$55 after July 12
\$60 on race day

Sprint Relay teams
\$60 before July 12
\$75 after July 12
\$80 on race day

Olympic USAT Member
\$65 before July 12
\$80 after July 12
\$85 on race day

Olympic Triathlon Teams
\$90 before July 12
\$105 after July 12
\$110 on race day

Every Participant competing in the Olympic distance who is not a USAT Member must add \$12 for a one day fee. This includes relay participants

Come & Support The MAC

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

Registration Form

Front and back of form must be filled out completely. Please write neatly.
Mail back the entire Waiver

Name(last) _____ (First) _____ Age on 12/31/14 _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ USAT # _____

Birthdate _____ Estimated 250yd swim time _____ Shirt Size: S M L XL 2XL

(Parent or Guardian if under 18) Signature _____ Date _____

Race: Circle one Sprint Sprint Relay Olympic Olympic Relay

Make check Payable and Return to Meade Activity Center or MAC
493 Lawrence Street, Brandenburg, KY 40108

Be sure to sign the waiver on the back before mailing in