

Try Simsbury: Adventure Triathlon 2018

Event Registration Form

PLEASE PRINT CLEARLY!

Name _____
(First Name) (Last Name)

Address _____

Town _____ State _____ Zip _____

Phone _____ Date of Birth _____

Email address (for use by Recreation Dept & Try Simsbury group only)

Emergency Contact Name & Number _____

If competing as a team, what is the Team Name?

WAIVER OF PARTICIPANT OF SELF: All participants must complete their own Accident Waiver & Release of Liability Form. This form is available on the Simsbury Recreation Department website, www.simsburyrec.com, under Department Info. You understand that you must bring the completed waiver, with a form of ID, on race day in order to compete.

TEAM LEADER OR PARTICIPANT SIGNATURE

OFFICE USE ONLY Amount Paid _____ Check _____ Cash _____
Date Received _____

PARTICIPANT NAME _____ **AGE** _____ **GENDER** _____

1. _____

Which portion of the triathlon will you be completing?

2. _____

Which portion of the triathlon will you be completing?

3. _____

Which portion of the triathlon will you be completing?

TOTAL FEE ENCLOSED _____

Mail form and fee (check made payable to "Town of Simsbury") to:

Simsbury Recreation Department
Re: Try Simsbury
933 Hopmeadow St
Simsbury, CT 06070

Please email trysimsbury@gmail.com with any questions, or visit www.trysimsbury.com