



Pleasant Prairie Triathlon

USAT Sanctioned Event

Sunday, June 24, 2012

Triathlon Location Prairie Springs Park & Lake Andrea RecPlex 9900 Terwall Terrace Pleasant Prairie, WI 53158 Phone: (262) 947-0437	Race Divisions Individual Events <ul style="list-style-type: none"> ■ Triathlon: International: 1.5K swim, 40K bike, 10K run ■ Triathlon: Sprint: .75K swim, 20K bike, 5K run ■ Duathlon: Sprint: 2.5mi run, 20K bike, 5K run Team Events <ul style="list-style-type: none"> ■ Triathlon: International: 1.5K swim, 40K bike, 10K run
Contact Information Race Coordinator: e-mail: raceinfo@plprairie.com Triathlon details The triathlon starts and finishes in the picturesque setting of Prairie Springs Park. Lake Andrea, a sparkling 100-acre spring fed lake, will serve as the venue for the swim portion of our race. The bike & run course will take you through Prairie Springs Park, a 425-acre park that surrounds Lake Andrea.	Registration Fees EARLY BIRD Registration: November 1, 2011 - December 31, 2011 <ul style="list-style-type: none"> ■ Individual Events: \$85 USAT Member discount: \$75 Registration: January 1 - May 31, 2012 <ul style="list-style-type: none"> ■ Individual Events: \$99 USAT Member discount: \$89 ■ Team Events: \$215 USAT Member discount: \$185 Registration: June 1-June 23, 2012 <ul style="list-style-type: none"> ■ Individual Events: \$109 USAT Member discount: \$99 ■ Team Events: \$229 USAT Member discount: \$199
Visit www.recplexonline.com/triathlons for complete event details.	Make checks payable to: Village of Pleasant Prairie Mail to: Pleasant Prairie Triathlon* 9900 Terwall Terrace * Pleasant Prairie, WI 53158 E-mail entries to: raceinfo@plprairie.com Fax entries to: (262) 925-6756 NO Refunds will be issued. All participants are required to have a USAT membership

Athlete Information

Last Name: **First Name:** **Middle:**
Address:
City: **State:** **Zip Code:**
Daytime Phone #: **Evening Phone #:**
E-mail:

Gender: Male Female **Date of Birth:** **Age:** *as of 12-31-2012*
USAT Membership #: **Expiration Date:** **Chip #:**

Individual Event: Triathlon-International Triathlon-Sprint Duathlon-Sprint
Team Event: Triathlon-International Team Name:

Shirt Size: small medium large x-large xx-large
Athlete Signature: **Date:**
if athlete is under the age of 18, parent signature is required

Payment Information

Amount of Payment: \$ **Payment Type:** cash check Visa MasterCard Discovery American Express
Credit Card #: - - - **Expiration Date:** -
Cardholder Signature: **Date:**

FOR OFFICE ONLY

Receipt #: **Processed by:** **Date:** **Entered in database:** **Date:**