

2011 - 5 Star Series Registration Form

First _____ Last _____
 D.O.B. ___/___/___ Age _____ Female ___ Male ___
 Address _____
 City _____ State _____ Zip _____
 Athena ___ Clydesdale ___ (optional)
 Shirt size: S M L XL XXL Phone _____ - _____ - _____
 E-mail _____

_____ Valentine Run 15k ___ 5k ___ to 2/11-\$24, Day of Event 2/12-\$34	Amount _____
_____ Dublin Dash to 3/18-\$24, Day of Event 3/19-\$34	Amount _____
_____ Oshkosh Half Marathon 5k ___ Half ___ 5K to 2/18-\$18, to 4/15-\$20, Day of Event 4/16-\$35 Half to 2/18-\$35, to 4/15-\$45, Day of Event 4/16-\$60	Amount _____
_____ Paper Discovery Duathlon to 3/4-\$35, to 4/30-\$45, Day of Event 5/1-\$55	Amount _____
_____ Green Bay Triathlon Sprint ___ Olympic ___ to 2/18-\$35, to 6/4-\$45, Day of Event 6/5-\$65	Amount _____
_____ High Cliff Triathlon(USAT) Sprint ___ Half ___ Sprint to 2/18-\$40, to 6/10-\$55, Day of Event 6/18-\$70 Half to 2/18-\$85, to 6/10-\$110, Day of Event 6/18-\$125	Amount _____
_____ Pewaukee Triathlon (register early, fills fast!) to 2/18-\$50, to 7/9-\$70, Day of Event is 7/10	Amount _____
_____ Chisago Triathlon (USAT) Sprint ___ Half ___ Sprint to 2/18-\$40, to 7/23-\$55, Day of Event 7/24-\$70 Half to 2/18-\$85, to 7/23-\$110, Day of Event 7/24-\$125	Amount _____
_____ Oshkosh Triathlon Sprint ___ Olympic ___ Sprint to 2/18-\$35, to 8/7-\$55, Day of Event 8/8-\$65 Olympic to 2/18-\$50, to 8/7-\$60, Day of Event 8/8-\$80	Amount _____
_____ Race the Lake (avg mph _____) to 2/18 \$50, to 4/22-\$60, to 8/20-\$80, Day of Event 8/21-\$90	Amount _____
_____ Edge the Ledge (Endurance Race) to 8/17 \$45, to Day of Event 8/27 \$60	Amount _____
_____ Lake Country Half Marathon 5k ___ Half ___ 5K to 4/22-\$22, to 9/2 -\$30, Day of Event 9/3 -\$35 Half to 4/22-\$40, to 9/2 -\$50, Day of Event 9/3 -\$55	Amount _____
_____ Dousman Duathlon to 6/23-\$35, to 9/17-\$45, Day of Event 9/18-\$60	Amount _____
_____ Green Bay Duathlon to 6/28-\$35, to 10/1-\$45, Day of Event 10/2(TBA)-\$55	Amount _____
_____ Noodleini Run 15k ___ 5k ___ to 11/25-\$24, on 11/26 & Day of Event 11/27-\$34	Amount _____

**add \$10 for each USAT event if not a USAT member

Total _____

High Cliff and Chisago Triathlon are USAT Sanctioned events.
 If you are a member, write in USAT Number _____

If you are signing up for a USAT event and you are not a USAT MEMBER, add \$10 for USAT one-day fee

You will receive a confirmation through active.com for each event you registered for including your free registration(s).

If you plan to compete on a team as well as an individual in any events, list the event and the name of your team below:



Make out check/send to: "Midwest Sports Events"
2079 Lawrence Drive
De Pere WI 54115

Method of Payment: Check ___ Credit Card ___

Ex. Date ___/___/___ VISA or MASTERCARD ONLY

Signature Number (last 3 digits on back) ___ ___ ___

CARD NO. _____

If you are an elite athlete and need a first wave for duathlon or triathlon, please fill below:

Best two events you did last.	Overall Place
1. _____	_____
2. _____	_____



Waiver: I know that competing in a fitness event is a potentially hazardous activity. I should not enter and compete unless I am medically able and properly trained. I agree to abide by a decision of a race official relative to my ability to safely complete the fitness event. I assume all risks associated with competing in this event including, but not limited to: falls, contact with other participants, effects of the weather including, cold, high heat or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf waive and release all race officials and agents; the host city; and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of persons named and not named in this waiver.

 Signature of Entrant Date

 Signature of Parent/Guardian (if under 18) Date

DIRECTIONS

Left Column, check off events of your choice.
 If you chose 5 events: write in left column "free" for your 6th choice.

If you chose 10 events: write in left column "free" for any 2 more events.

If you chose 15 events: write in left column "free" for any 3 more events.

Check off distance when necessary.
 Enter amount in right column and total.

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FOR MORE DETAILS!