



Sponsored by the Grand Marais Chamber of Commerce

GRAND MARAIS TRIATHLON

Sunday, September 3, 2017 ~ 1:30 pm

200-yard Swim 13.6 Mile Bike Ride 5K Run

- Start and finish of all events in downtown Grand Marais at the Bayshore Park Bandstand
- Race day registration 11:00 AM to 1:00 PM
- Ribbons for top 3 in each age group & teams.
- T-Shirts for all participants.
- Safety: Run and bike are on open road. Certified helmets are required!
- Age groups; Male & Female: 10 year splits.
- Teams; all male (any age) all female (any age) co-ed (any age). Teams may consist of 2 or 3 people. Each team member must complete an application & pay registration fee! Team entries must be submitted together to qualify.
- Pay Early Registration via Pay Pal on the Triathlon page at www.grandmaraismichigan.com, or via check. Enter your PayPal receipt/transaction 1D in the payment form below. Early registration closes August 31, 2017
- For additional information, contact: Ed Bowen at 906-494-2700, Fax 906-494-2353 or ebowen@jamadots.com

Entry Fees

Registration Fee: Triathlon \$32.00 per person
 Registration Fee: 5K \$15.00 per person
 (No early registration for 5K race)

Save \$7.00 on Registration for Triathlon!

Early Registration \$25.00 per person
 Early Registration ends August 31, 2017

Discounts

UPRRC Members save \$2.00

Grand Marais Triathlon ~ Registration Form

(Please Print and complete one Registration Form for each entrant and event)

Early Registration for Triathlon ONLY: \$25.00 _____

At Event: Sunday Triathlon \$32.00 _____ or Saturday 5K \$15.00 _____

Last Name _____ First _____ MI _____

Address _____

City, State, Zip _____ Age on 9/3/2017 _____

Date of Birth _____ Sex M ___ F ___ Phone _____ Email _____

UPRRC Member? _____ Yes, deduct \$2.00 from Triathlon Entry Fee

Team entry: Team Name _____ MUST be submitted together

Shirt size (circle one): S M L XL XXL Shirts will be available the day of event

I hereby release sponsoring groups, and other representatives, and all officials, workers, volunteers involved with this event from any and all rights and claims for injuries or illness suffered by me in this event. I understand that participation in this event is strenuous and I verify that I am physically fit to compete in said event.

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

Payment Method (Check one & complete requested information)

_____ Check or Money Order Enclosed # _____ payable to: Grand Marais Chamber of Commerce

_____ PayPal Receipt or Transaction ID # _____

Mail completed form to: Ed Bowen, PO Box 354, Grand Marais, MI 49839