SARATOGA SPRINGS LIONS FOUNDATION - 2011 DUATHLON

Sunday, May 29, 2011, Start Time 8:00 am

PARTICIPANT INFO: (For teams - Please fill out an entry form for each member and submit them together.)

Last Name	*First Name*	*MI*

Street Address	*City*	*State*	*Zip Code*

E-Mail	*Phone*
	( )

Date of Birth M / D / Y	*Age on Race Day*	☐ *M* ☐ *F* *Gender*	*Small*	*Medium*	*Large*	*X-Large*	*XX-Large*

Select Shirt Size

Individual Entry ..... ☐
Two Person Team ..... ☐
Three Person Team ..... ☐
Male Team ..... ☐
Female Team ..... ☐

Relay Team First Runner ..... ☐
Relay Team Bicycle ..... ☐
Relay Team Second Runner ..... ☐
Corporate Team ..... ☐
Mixed Team ..... ☐

Relay Team Name or Corporation Name: _____

Mail & Online Pre-Registration (postmarked by 5/12/11)	**Mail & Online Registration** (postmarked by 5/26/11)	**Day of Race Registration** (on 5/29/11)
$50 - Individual	**$55** - Individual	**$60** - Individual
$75 - 2 person team	**$85** - 2 person team	**$95** - 2 person team
$95 - 3 person or corp. team	**$110** - 3 person or corp. team	**$125** - 3 person or corp. team

Raffle Tickets - $20 each – Check which drawing to enter!
If no choice is selected, your ticket will be entered to win the Serotta bike.

☐ …Serotta Bike ($4,000 value)
☐ …$500 gift certificate to Blue Sky Bicycles
☐ …Overnight for 2 at Mirror Lake Inn with round of golf
☐ …Fox 404 Lady's Watch from n. Fox Jewelers ($350 value)

Please indicate the number of raffle tickets you would like to purchase: _____

In consideration of this entry being accepted, I the undersigned, intending to be legally bound, hereby for myself or any one entitled to enact on my behalf, waive and release any and all rights and claims for damages that I may have against the Saratoga Lions Foundation, Skidmore College, any officials, or promoters of this race, all sponsors, volunteers, workers, City of Saratoga Springs, Town of Greenfield, County of Saratoga for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for the completion of this race. Fee is non-refundable.

Signature (If under 18, parent or guardian signature is required)	*Date*

Amount Enclosed: $ _____

Make checks payable to: **Saratoga Springs Lions Foundation**
(Donations to Lions Foundation are tax deductible)

Mail to:
Saratoga Springs Lions
PO Box 166
Saratoga Springs, NY 12866

SARATOGA CASINO AND RACEWAY

serotta

Race Director Use:

Bib #: _____ ***Cash:*** _____ ***Amount*** ***Check:*** _____ ***Amount*** _____ ***Check #*** ***Registered:*** ___ ***Date:*** _____