

Coors Light/Trail of Tears TRIATHLON

September 7, 2019

This USAT sanctioned race is held at Trail of Tears State Park. This triathlon consists of a 700 meter swim, 15 mile bike ride, and a four mile run. A \$15.00 USAT one day membership is required and can be purchased through online registration or the Parks & Recreation Department. Lunch is provided for participants.

Sunday, September 7, 2019

Registration begins at 7:45 a.m. | Race begins at 10 a.m.

Trail of Tears State Park

Fees:

\$45.00 individual / \$50.00 team

\$60.00 individual / \$65.00 team (Sept. 25 - Sept. 30)

WWW.CITYOFCAPE.ORG/COORSTRI

700 meter swim

15 mile bike

4 mile run



CITY of CAPE
GIRARDEAU
PARKS & RECREATION DEPARTMENT

410 Kiwanis Drive
Cape Girardeau MO 63701
573.339.6626
tweatherby@cityofcape.org



2019 COORS LIGHT/TRAIL OF TEARS TRIATHLON REGISTRATION FORM

INDIVIDUAL FORM

Individual (circle one): **MEN** **WOMEN** **PARA-ATHLETE**

Division (circle one): 19 & Under 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+

AGE AS OF DECEMBER 31, 2019

Name _____ **Date of Birth:** ____/____/____ **Age** _____

Email _____ **T-Shirt Size** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Cell Phone Number _____ **Cell Phone Provider (AT&T, Verizon, etc.)** _____

Participant Signature _____ **Date** _____

RELAY TEAM FORM

Relay Team (circle one): **MEN** **WOMEN** **CO-ED** **MASTERS** **YOUTH** **PARA-ATHLETE**

Name of Swimmer _____ **Date of Birth:** ____/____/____

Age _____ **Email** _____ **T-Shirt Size** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Swimmer's Signature _____ **Date** _____

Name of Biker _____ **Date of Birth:** ____/____/____

Age _____ **Email** _____ **T-Shirt Size** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Biker's Signature _____ **Date** _____

Name of Runner _____ **Date of Birth:** ____/____/____

Age _____ **Email** _____ **T-Shirt Size** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Runner's Signature _____ **Date** _____

FEES & USAT INFO

ENTRY FEE	INDIVIDUAL	TEAM
Early Registration Fee (postmarked by September 24)	\$45.00	\$50.00
Late Registration Fee (September 25 - September 30 *online registration closes Sept. 27)	\$60.00	\$65.00
USAT Non-Member Fee	\$15.00	\$15.00 per person

USAT Number if applicable - Members must present picture ID & Membership Card at race: _____

HOW TO REGISTER: Register online at www.cityofcape.org/coorstri or mail registration form to 410 Kiwanis Drive, Cape Girardeau, MO 63701. Make checks payable to City of Cape Girardeau.

RACE LOCATION: Trails of Tears State Park at 429 Moccasin Springs Road, Jackson, MO 63755

LIABILITY WAIVER: Inconsideration of the foregoing, I for myself, executors, administrators and assignees, do hereby release and discharge the Cape Girardeau Parks and Recreation Department and all co sponsors from all claims of damage, demands, causes of action whatsoever, in any manner arising out of my participation in this triathlon. Furthermore, I understand that this event is extremely physically demanding, and am in proper condition to participate.