



Cloverleaf Lakes Tri 2010

Waiver: I know that competing in a triathlon 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 triathlon. 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; Shawano County, Waupaca County, Township of Belle Plaine, Township of Matteson, Rustic Resort, Clintonville Area Swim Team, Cloverleaf Protective Association; 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

Clintonville Area Swim Team



Invites you to our

4th Annual

Cloverleaf Lakes

Triathlon

Saturday, September 4th, 2010



A great start for your Labor Day Weekend and well worth the trip!

**400 Entry Limit
Sign Up FAST**

~ DISTANCE ~

1/4 mile Swim • 18 mile Bike • 3.5 mile Run

~ YOU NEVER KNOW UNLESS YOU TRI ~

1/8 mile Swim • 3.5 mile Bike • 1.5 mile Run

www.cloverleaflakes.com

Your end of the season Tri,
perfect for all athletes. . . .

Here We Go Again

Cloverleaf Lakes Tri 2010

Join us for our 4th Annual Triathlon
Sponsored by the
Clintonville Area Swim Team

Saturday, Septmeber 4th
9:00 AM

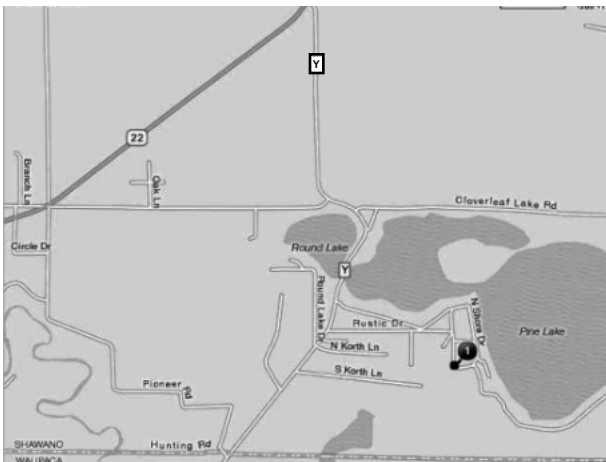
Rustic Resort
W8466 Rustic Drive
Clintonville, WI 54929

(The Triathlon will start and end at Rustic Resort)

How to Get There



The Cloverleaf Lakes are centrally located in
Northeast Wisconsin, approximately 40 miles
west of Green Bay and northwest of the Fox Valley.



ANY QUESTIONS:

Call Lee or Mary Wetzel at 715-823-5800

Additional Information and Course Map at
www.cloverleaflakes.com

REGISTER / PACKET PICK UP
Rustic Resort
Saturday, September 4th
6:30 am - 8:30 am

Distance/Relay

SWIM COURSE - 1/4 mile

Take a quick swim in Pine Lake. Water Temp. and shallow waters are ideal for any athlete.

(swimmers available for relays - contact us by email)

BIKE COURSE - 18 miles - HELMETS REQUIRED

Enjoy the smooth country roads and scenery of the Cloverleaf Lakes, Shawano and Waupaca counties.

RUN - 3.5 miles

Run around Grass, Round and Pine Lake.

You Will Never Know Unless You Tri

Fast Sprint for any age athlete -

Swim 1/8 mile, Bike 3.5 miles and Run 1.2 miles.

AWARDS

Awards to the 1st overall female/male. Age group awards to top 3 female/male in every 5 year increments from 14 & under to 95+.

Awards to the top 5 relay teams.

WHAT TO EXPECT

Each participant will receive a shirt, goody bag and medal. Ample water stations, well marked and a volunteer on every corner. Snacks and refreshments after. Additional information at: www.cloverleaflakes.com

REGISTRATION FEES:

	Early Bird Before 7-31	Thru 8-1 - 8-31	Race Day
Individual	\$35.00	\$40.00	\$45.00
Relay	\$25.00 pp	\$30.00 pp	\$40.00 pp
You Will Never Know Unless You Tri	\$20.00	\$25.00	\$30.00

Make Checks Payable & Send to:

CAST
c/o Mary Wetzel
N2829 Cty Rd Y
Clintonville, WI 54929
leewetzel@frontiernet.net

CHECK ONE:

Individual* _____ **Relay (Long Course Only)** _____

Long Course _____

You Never Know Unless You Tri _____

*Use one form per person. This form may be duplicated.

INDIVIDUAL

First Name _____ M.I. _____

Last _____

D.O.B ____/____/____ Age _____ Female _____ Male _____

Address _____

City _____ State _____ Zip _____

Circl T-shirt size: S, M, L, XL

E-mail _____

Phone (H) _____ (W) _____

RELAY TEAM

SWIMMER

First Name _____ M.I. _____

Last _____

Address _____

City _____ State _____ Zip _____

Circl T-shirt size: S, M, L, XL

E-mail _____

BIKER

First Name _____ M.I. _____

Last _____

D.O.B ____/____/____ Age _____ Female _____ Male _____

Address _____

City _____ State _____ Zip _____

Circl T-shirt size: S, M, L, XL

E-mail _____

RUNNER

First Name _____ M.I. _____

Last _____

D.O.B ____/____/____ Age _____ Female _____ Male _____

Address _____

City _____ State _____ Zip _____

Circl T-shirt size: S, M, L, XL

E-mail _____