

Pascack Valley Triathlon

pvtri.com

Event Distances:

300 Meter Swim
10 Mile Bike
5K Run

Race Schedule:

Check In: 5:30-6:30 AM
Race Briefing: 6:45 AM
Start Time: 7:00 AM
Awards: 10:00 AM

Check-In:

Stonybrook Swim Club
183 Cedar Ave,
Hillsdale, NJ 07642

Check-In Amenities:

Race-T-Shirts (1st 250)
Goodie Bags
Rest Room Facilities

Contact:

Race Director:
Bo Petkovich
(201) 666-1577
bpetkovich@yahoo.com

The 2nd Annual



Pascack Valley Sprint Triathlon

**Saturday August 22, 2009
7:00 AM**

**All proceeds to Benefit the
Wounded Warrior Project
& Hillsdale Education Foundation**

Food Drive/Donations:

We will be collecting donations for the **Hillsdale Helping Hands Food Pantry**. Canned fruit & vegetables, canned meat & tuna, apple sauce, ketchup, rice, flour, sugar, vegetable oil, peanut butter & jelly, mayonnaise, and hot & cold cereal. Paper products, such as: toilet paper, paper towels, Tissues, etc.

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Entry Fees:

Single Participant:
\$39 by July 15:
\$49 from July 16 to Aug 15:
Relay Teams:
\$59 by July 15:
\$69 from July 16 to Aug 15:

*** No Race Day Entries**

Awards Categories:

Top 3 Male/Female Overall
Top 3 Relay in each category

- Male
- Female
- Coed
- Family

Top 3 Male/Female In each age category:

- Under 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60 and Over

Make Check Payable to:

Pascack Valley Triathlon Club

Mail Check to:

Pascack Valley Triathlon,
115 Everdell Ave. Hillsdale, NJ 07642,

Sign up on-line at: <http://www.raceforum.com>

Direct Link: <http://raceforum.com/registration/EventDetail.aspx?e=446>

Single Participant Entry Fees:

\$39 by July 15:
\$49 from July 16 to Aug 15:

Relay Teams Entry Fees:

\$59 by July 15:
\$69 from July 16 to Aug 15
*** No Race Day Entries ***

Participant or Relay Team Captain Contact:

Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____ DOB: _____ Age: _____ Sex: M / F

Event (Circle One): Triathlon / Triathlon Relay
Shirt Size: (Circle one): S / M / L / XL

Relay Team Information:

Team Name _____ Type: Male/Female/Coed/Family
Swim Participant: _____ Sex: M/F Shirt Size: S/M/L/XL
Bike Participant: _____ Sex: M/F Shirt Size: S/M/L/XL
Run Participant: _____ Sex: M/F Shirt Size: S/M/L/XL

Emergency Contact Information:

Name: _____
Phone: _____
Name: _____
Phone: _____

In consideration of this entry being accepted, I hereby for Heirs, executors, administrators, and myself waive any claim that I may have against the Stonybrook Swim Club, the Hillsdale Chamber of Commerce and the Borough of Hillsdale, Hillsdale Volunteer Ambulance Corps, Hillsdale Police Dept and volunteers, River Vale Chamber of Commerce and the Borough of River Vale, River Vale Volunteer Ambulance Corps, River Vale Police Dept and all volunteers, or their representatives, successors, or assignees for any injuries that may be suffered by me in this event.

I do hereby certify that I am in physical condition to compete in this event.

Signature: _____ Date _____ Parent Signature (under 18): _____ Date _____

**** NO JOG STROLLERS PERMITTED ON RUN OR INFANT SEATS ON BICYCLES ** BIKE HELMETS ARE REQUIRED ****