

America's
oldest seashore resort



The 7th Annual

CAPE MAY

Triathlon & Duathlon

Belleplaine State Forest, Cape May County, New Jersey

Sunday, June 1, 2003
Race Start 8:00 am



Triathlon
0.4 Mile Swim – 15 Mile Bike – 3 Mile Run

Duathlon
3 Mile Run – 15 Mile Bike – 3 Mile Run

For more information and applications, call Triatlantic at (410) 593-9662 or visit us on the web @ www.triath.com

Race Information

All athletes are guaranteed a colorful race shirt plus a goody bag. There will be plenty of post race food & refreshments for athletes and family including bagels, fruit, beverages, tuna salad, Bergers Cookies, Cannella's Italian Deli pasta salads, Gatorade, munchies and more.

Confirmation and Results

All athletes will be mailed a return package with more specific information on the race. Results will be posted at: www.triath.com or send SASE for mailed results.

Course Information

The bike and run courses are racer friendly. The run course features packed soil and pine needles and shade. The bike course is flat, fast and traffic free. 500 person limit – per event.

Race Sponsors

New Jersey
YOU SHOULD SEE US NOW!



CANNELLA'S
ITALIAN DELI



Chiropractic Wellness Center
of Baltimore
Dr. James A. Roeder
8723 Belair Rd., Suite A, Baltimore, MD 21236
410-529-8010



Name _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Athena (over 140 lbs) Age on Race Day _____

Clydesdale (over 195 lbs)

INDIVIDUAL

Triathlon

Preregistered . . . \$60 Race Day . . \$75 \$ _____

Duathlon

Preregistered . . . \$40 Race Day . . \$55 \$ _____

RELAYS (before 6/2 only) All applications must be sent together

Check which division (bi or tri) you are entering \$ _____

Triathlon / 2 person \$100

Triathlon / 3 person \$160

Duathlon / 2 person only . . . \$75

Relay Type Male Female Mixed

Relay Name (must be filled in) _____

Swimmer's Name _____

Biker's Name _____

Runner's Name _____

TOTAL FEE \$ _____

Mail completed application to:
Races PO Box 28477 Baltimore, MD 21234

FORM OF PAYMENT

Check Enclosed / make payable to TMTC

Charge my:

MasterCard Visa Discover AmExpress

Card Number _____ Exp. Date _____

Signature _____

In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees do hereby release and discharge Triatlantic, Tri-Maryland, State of NJ, Belleplaine State Forest, and all associated sponsors of all claims and damages, demands, actions whatsoever in any manner arising out of my participation in said athletic event. I agree that I have read all rules in race application and return package and will abide by all within. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.

Signature (Parent, if under age 18)

Date