

BOY SCOUTS OF AMERICA®

Central Wyoming Council

Presents the

2011 Cloud Peak District Mini-Triathlon

17th and Washakie Ave. Worland, WY

Saturday August 13th, 2011

Check-in: 7 - 7:30am

Mini-Triathlon start: 8am

Helmets required for cyclists

Swimmers responsible to bring lap counters

400 yd. pool swim • 12.8 mi. bike • 5k run

Order of events: Individuals – swim, bike, run (start in heats) Teams – bike, run, swim

Individual or team registration

Printable registration form available at www.wyoscouts.org in the downloads section

For additional information, lodging information, if you are trying to find team members or other questions/concerns contact Mike or Paula Roberts at: (307) 347-3063.

Fill out and return attached registration

REGISTRATION FEES:

\$25/individual triathlon

\$60/three person team



Fill out and return attached

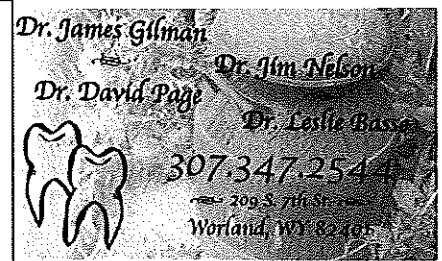
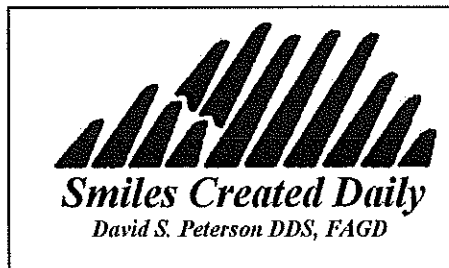
Registration form by

July 15, 2011

For these rates to apply

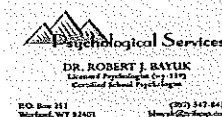
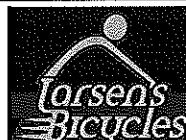
Early Registration is strongly encouraged

Thank you to our Sponsors:



BY CHOICE HOTELS

Scheuerman Hospitality



Bee Healthy, Big West Auto Complex, Blair's Market, Habanero Mexican Grill, Hepp Building, Kings Carpet, McGarvin-Moberly, Pepsi, QTC Signs, Serlkay Printers, State Farm Insurance, Sunshine Office, Thurston Medical Clinic, Worland True Value, Washakie Wear, Worland First Baptist Church

Central Wyoming Council
PO Box 1506
Casper, WY 82602

**IMPORTANT MINI-TRIATHLON REGISTRATION AND
DEADLINE INFORMATION ENCLOSED**

Boy Scouts of America
Mini-Triathlon Registration Form (please print clearly)
Return to Central Wyoming Council, PO Box 1506, Casper, WY 82602
On or before **July 15, 2011**

Triathlete or Cyclist:

Last Name: _____ First Name: _____
Address: _____ Age: ___ Sex: ___
Phone: (____) _____ E-mail: _____ T-shirt size: _____
Predicted Swim Time: _____ (Solo triathlete only)

Runner:

Last Name: _____ First Name: _____
Address: _____ Age: ___ Sex: ___
Phone: (____) _____ E-mail: _____ T-shirt size: _____

Swimmer:

Last Name: _____ First Name: _____
Address: _____ Age: ___ Sex: ___
Phone: (____) _____ E-mail: _____ T-shirt size: _____

Team Category: ___ Male ___ Female ___ Mixed ___ Scouts ___ Family ___ Business

Mini-Triathlon Individual/2 person team: ___ participants x \$25 (\$30 after July 16th) per = \$ ___

3 person team: _____ teams x \$60 (\$75 after July 11th) per = \$ _____

TOTAL ENCLOSED: \$ _____

Please detach and return to the above address