

Registration Form: 2009 Cape Cod Triathlon Multisport Camp

May 29-31, DreamDay Camp, Nickerson State Park, Brewster MA

Name: _____ Birthdate: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____

Phone: _____ Alt Phone: _____

Please indicate your plan:

_____	Full weekend: I'd like a cabin for myself	\$120	\$ _____
_____	I will also have family with me for meals _____ @ \$35 per		\$ _____
_____	Full weekend: Put me in the mens/womens shared cabins	\$90	\$ _____
_____	I will pitch my own tent/commute/or stay offsite	\$60	\$ _____
_____	I will participate one day (Please circle: Sat. / Sun.)	\$25	\$ _____
_____	Saturday night banquet (for single-day participants & guests)	\$25	\$ _____
Total:			\$ _____

Make checks payable to "Q Marketing"

I attest that I am physically fit and able to participate in the events indicated without endangering my health. By signing below, I hereby, for myself, heirs, executors and administrators, waive and release all rights and claims for damages I may have against the camp organizers, the camp owners, the coaches, the Cape Cod Athletic Club, Cape Cod Triathlon Team, Q Marketing, Nickerson State Park, DreamDay Camp, all sponsors, coordinating groups and individuals associated with this event for any and all injuries suffered by me while participating in and traveling to and from the event.

Signature: _____

Date: _____

Return to:
 Andrew Scherding
 P.O. Box 35
 Marblehead, MA 01945

For more information
 508-246-6664
ascherding@mac.com