

**2023 EARLHAM COLLEGE SPRINT TRI & 5K ENTRY FORM**  
**SATURDAY, APRIL 29<sup>TH</sup> 2023**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

*(Sections and results will be sent via email, please write LEGIBLY)*

**Entry Information:**

**Check One:**

*Please make checks*

STUDENT:      Free       EMPLOYEE:      Free       *payable to:*

COMMUNITY:      \$25.00       OTHER:      \$25.00       EARLHAM COLLEGE

INDIVIDUAL ENTRY: Your estimated time this year \_\_\_\_\_

TEAM ENTRY: Your team's estimated time this year \_\_\_\_\_

If entering as a team, list the name of the person who will be completing each portion of the race.

**(Please list name, age, and estimated time for each leg of the triathlon):**

**SWIM:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ ET: \_\_\_\_\_

**BIKE:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ ET: \_\_\_\_\_

**RUN:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ ET: \_\_\_\_\_

Please list any medical/physical conditions that may affect your performance in the triathlon:

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**ENTRIES AND PAYMENT MUST BE RECEIVED BY WEDNESDAY, APRIL 28, 2023. FORWARD TO:**

Jason Fleenor  
Earlham College, Athletics & Wellness Center  
801 National Road West  
Box 204  
Richmond, IN 47374  
E-Mail: fleenja@earlham.edu

**Assignments and Final Results will be emailed if you provided a legible email address.**