



of Indiana County, PA

Saturday,  
June 20, 2020

# 22nd Annual JACKIE KALLAL TRIATHLON Sprint



**YELLOW CREEK STATE PARK**  
170 Route 259 Hwy - Penn Run, PA 15765

**TRANSITION & REGISTRATION**  
Open @ 7:30 - Race @ 9:00  
Individuals and Relay Teams or  
Athena/Clydesdale Divisions

**Runner's High Chip Timing**

**All Proceeds Benefit:**  
Habitat for Humanity of Indiana County  
Visit our website @  
[www.habitatforindianacounty.org](http://www.habitatforindianacounty.org)

INDIANA, PA 15701

PERMIT # 129

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Indiana, PA 15701

PO Box 663

JACKIE KALLAL TRIATHLON

Habitat for Humanity of Indiana County

In the consideration of the acceptance of this entry in the **22nd Annual JACKIE KALLAL TRIATHLON** to be held **June 20, 2020**, I, the undersigned participant, (and if participant is under 18 years of age, parent or guardian), intending to be legally bound, do hereby for myself and others, my heirs, executors, and administrators, waive, release, and forever discharge any and all damages which may be sustained or suffered by me in connection with this race. I also attest that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely compete in this triathlon and that no physician or qualified individual has advised me against competing.

**Runner's High will use ChampionChip Timing System to score this event. Rental chips will be issued on race morning and removed at the finish line. There is a \$35.00 fee for each lost chip.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Individual or Team Captain)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Team Member 2)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Team Member 3)

## 2017 TOP 3 FINISHERS

- 1st Place - Dan Mikula
- 2nd Place - Don Gibbon
- 3rd Place - Dan Antonacci

## THE RACE COURSE

### Swim

- \*.5 Mile \* Clean Lake \*Wetsuits permitted
- \*Average Water Temp 72 Degrees

### BIKE & RUN are now Open Courses

#### Bike

- \* 9.5 Miles \* Rolling Hills

- Helmets Required - NO EXCEPTIONS

#### Run

- \* 3.2 Miles \* Aid Station every mile
- \* No walkmans/iPods - NO EXCEPTIONS

## PRE-RACE OVERVIEW

- \* Provided Friday Night (optional)
  - \* Recommended for first-timers
- 7:00pm @ Lakeview pavilion

Massage Therapists

Photographer TBA

Cabins @ Yellow Creek

www.dcnr.state.pa.us/stateparks/yellowcreek

Phone: 1-888-PA-PARKS

## REGISTRATION

### PRIOR TO June 6:

Individual \$55, Team \$80  
T-Shirt **guaranteed**

### AFTER June 6: (NEW for 2020!)

Individual \$65, Team \$90  
T-Shirt **NOT** guaranteed

Register by mail

or [www.runsignup.com](http://www.runsignup.com)

For questions contact Becky@  
HFH\_Triathlon@hotmail.com

## 1 FREE REGISTRATION

with \$250 or greater sponsorship

**Not Attending This Year?**

**Send your donation with this form**

## FEE INCLUDES

Chip Timing and Post Race  
(food, drink, awards & door-prizes)

## NO ALCOHOL IN THE PARK

## AWARDS AND AGE GROUPS

Top 3 Overall

Top 3 Female - Top 3 Male

Top 3 Athena - Top 3 Clydesdale

## FEMALE/MALE GROUPS

19 & Under, 20 - 24; 25 - 29; 30 - 34;  
35 - 39; 40 - 44; 45 - 49; 50 - 54;  
55 - 59; 60 - 64; 65 +

TEAM DIVISIONS: Male, Female, Co-Ed

## REGISTRATION - Detach and return by June 18, 2020

- \* Enclose entry fee, make checks payable to: **Habitat for Humanity**
- \* Mail to: **Jackie Kallal Triathlon**, P.O. Box 663, Indiana, PA 15701
- \* **ALL ATHLETES MUST SIGN WAIVER ON REVERSE**

Using OWN chip - list #'s here \_\_\_\_\_

Individual or Team Captain: \_\_\_\_\_

Team Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle: **M F** Age on race day: \_\_\_\_\_ Phone: \_\_\_\_\_

ER Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If **TEAM** circle leg: SWIM - BIKE - RUN **T-SHIRT size:** S M L XL XXL

FOR Individual: Circle **ONLY IE:**

**CLYDESDALE** (Male>200 #) or **ATHENA** (Female>150 #)

Team Member 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle: **M F** Age on race day: \_\_\_\_\_ Phone: \_\_\_\_\_

ER Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle leg: SWIM - BIKE - RUN **T-SHIRT size:** S M L XL XXL

Team Member 3: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle: **M F** Age on race day: \_\_\_\_\_ Phone: \_\_\_\_\_

ER Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle leg: SWIM - BIKE - RUN **T-SHIRT size:** S M L XL XXL