

2008 Harbor Lights Triathlon Request for Medical Roll-Over

If you are unable to compete due to injury or illness then you may qualify for a medical transfer to next year's event. As is clearly stated in our registration materials, there will be absolutely NO REFUNDS.

In order to qualify you must:

- fill this form out completely, and
- attach a note from a health care professional

All materials must be postmarked no later than two (2) weeks after the race. All roll-over requests and inquiries will be handled by the Registration Coordinator. All decisions made by the Registration Coordinator are final.

Please mail to:

CAPRI Events - Medical Roll-Over Request
PO Box 577490
Chicago, IL 60657-7490

Category

(you must check one)

- Individual, Open Age Group
 Relay Team

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Daytime Phone: _____

Email: _____

***Please print clearly and provide all of the
information requested above.
Incomplete requests will not be considered!***