

On Saturday September 18th, 2010 the 7th the annual Grand Columbian Triathlon will take place at Grand Coulee/Coulee Dam in North Central Washington. These are the premier long distance triathlons in the Pacific Northwest.

Location: Grand Coulee/Coulee Dam Washington. 90 miles northwest of Spokane, 90 miles northeast of Wenatchee Washington, 130 miles south of Penticton BC in the heart of Washington's high desert lakes country.

The Event: A Half Iron distance individual triathlon (1.2 mile swim, 56 mile bike, and 13.1 mile run), a Half Iron distance Aquabike (1.2 mile swim, 56 mile bike), Half Iron Relay (1.2 mile swim, 56 mile bike, 13.1 mile run) and an Olympic distance (1500 meter swim, 26 mile bike, 10K run). Total participation will be limited to ensure an extremely high quality event.

Registration: Online registration is currently available on **www.active.com**. The application below **MUST BE ACCOMPANIED WITH PAYMENT WHEN SUBMITTED**.

USAT Sanctioning: This is a USA Triathlon sanctioned event. All participants will be insured by USAT event day insurance and must sign the event waiver in order to participate.

Awards: 3 deep in all age groups. Special Iron Partners for married couples. Aquabike awards are 6 deep. See website for more details.

Northwest Endurance Club Challenge: Register with your club to compete for cash and prizes. Is your club tough enough? Clubs must be sanctioned through USAT, TriBC, or ABA. If registering online, please phone us for the appropriate discount code.

Entry Fees \$ USD:	Oct 30 – April 30	May 1 – Sept 3	Sept 4 - Sept. 17
Half Iron – 350 max	\$170.00	\$180.00	\$200.00
Aquabike – 50 max	\$170.00	\$180.00	\$200.00
Half Iron Relay – 30 teams max	\$240.00	\$250	\$270.00
Olympic – 300 max	\$80	\$90	\$105

APPLICATION MAILING ADDRESS: TOTAL HEALTH EVENTS, 2132 Westlake Ave N, #124, Seattle, WA, 98109. Attach additional applications and submit together with a single fee for relay teams (all must sign waiver)

NAME _____
last first

MAILING ADDRESS _____

E-MAIL: _____ CONTACT PHONE: _____

Date of Birth: ___/___/___ AGE ON RACE DAY _____ SEX _____ Club Name: _____

EVENT DISTANCE: ___ HALF ___ AQUABIKE ___ HALF RELAY ___ OLYMPIC

RELAY TEAM NAME: _____ TYPE: ___ Male ___ Female ___ Mixed

REGISTRATION FEE: (US Funds Only) \$ _____ (add \$10 one day insurance if not a current USAT member)

USAT MEMBERSHIP #: _____ Expiration date: ___/___/___ (or current TriBC, ABA membership number)

T-SHIRT SIZE (female & male specific styling) ___ SM ___ MED ___ LARGE ___ X LARGE ___ XX LARGE

FOR ANNOUNCER: PR AT THIS DISTANCE _____ PRIOR EVENTS _____

Is your married partner also registering? If so name: _____ Distance _____

WAIVER, - I agree to sign the USAT waiver at registration prior to racing, and thus be covered by USA Triathlon race day insurance. I hereby further agree that my failure to sign the USAT waiver will mean I will not be allowed to participate in the race and not be refunded my entry fee.

Signature _____ Date _____

FOR FURTHER INFORMATION: www.thegrandcolumbian.com CONTACT: info@totalhealthevents.com or (206) 499-1903