



## 2008 DANSKIN WOMEN'S TRIATHLON SERIES

### MEDICAL ROLL-OVER

This form is to be used if you are unable to compete in the Race you entered due to injury or illness and would like to receive a Medical **Roll-Over** for your entry fee to the 2009 season. As stated in our registration materials, there will be NO REFUNDS.

**NOTE:** Additional fees may apply in 2009. (i.e., if entry fee increases)

In order for your request for Medical Roll-Over to be considered, you must:

- Fill this form out completely, and
- Attach a note from your health care professional

All materials must be postmarked no later than two (2) weeks after the Race. All Medical Roll-Over requests will be handled by Danskin, Inc..

**Please mail to:**

Danskin Women's Triathlon Series  
530 Seventh Ave, M1  
New York, NY 10018  
Attn: Kathy Leelum/Medical Roll-Over

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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

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

**Daytime Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
(print clearly as confirmation of receipt will be via e-mail)

**2008 Registered Race Site:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print clearly and provide all of the information requested. Incomplete submissions will not be considered.

Medical rollovers will be honored for the following season only. No exceptions will be made.