

ליגת עמינה טריאתלון

Caesarea Excellence Triathlon

Sep 4TH 2010

In Memory of Dr Guy David



Olympic & Sprint Triathlon

The Israeli Triathlon Association, Excellence Investments and Caesareans development co, are
Honored to Invite you to the event

Race Agenda

Race point: Caesarea Harbor

Chip, Race packets & race number distribution:

Saturday Sep 4th between 05:30 until 11:00.

Parking through south entrance gravel lot up to 06:15. after that hour detour through Highway 2 through Or Akiva Exit to the Golf Course Circle to park in the north parking area of Caesarea Harbor.

Then you walk around the south side (Along the run course of the race) to enter the port.

Transition area: Grass area north section of harbor: will be open for check in from 05:30 to 07:00 and 08:00 – 08:45 for the sprint starts.

Wave Start.

Awarad Ceremony at 12:30 on main location

Race course:

Swim – Triangle 750 meters with Cylinder floats on corners. Olympic 2 rounds. Sprint one Round counter Clock wise.

Mini Sprint Short Triangle .

Bike- see map.

Run – From transition Area through main port to Kibutz Sdot Yam

4 rounds for the Olympic, 2 for the Sprint and one for the youth.

Time measuring with Champion chip by 4sport.co.il

Loss of cheap will cost 80 NIS

Pictures and Results will be Displayed www.4Sport.co.il

Race Rules According to ITU rules

Medical checks from Authorized Medical Station is compulsory for Israeli ID holders.

Age Groups

Applies for Sprint and Olympic as well

30-34	adults	9 עד	kids
35-39	adults	10-11	kids
40-44	adults	12-13	kids
45-49	adults	15-14 minisprint	juniors
50-54	adults	16-17 sprint	juniors
55-59	adults	18-19 sprint&olympic	juniors
60-64	adults	Men, women, mixed	relays
65-69	adults	20-24	adults
70-74	adults	25-29	adults
75-79	Adults		

Rules for the Course

Knowledge of the course is the responsibility of the competitor.

Mistake in the path or missed pass of measuring pad (without return for correction) will cause disqualification.

Swim

Around floats counter clock wise

Bike

The race is without drafting , only youth and juniors are including drafting.

Run

Make sure race number faces forward.

Appeals

Must be submitted up to 30 minutes of race end. 200 NIS deposit required.

Race officials:

Race director: Michael Katz

Head Race Marshal: Shaul Dolev

Technical Delegate: Benny zilberman

Appeal board: Benny zilberman, Michael Ziv, Zvik Fein

Starting time table

Time schedule and agenda are subject to changes:

ITA Management can Change course or cancel race at own discretion

	Start	Swim	Bike	Run
14-15 YOUTH	06:30	M 500	KM 13	KM 2.5
Juniors 16-19	06:40	M 750	KM 20	KM 5
Olympic up to 39	06:30	M 1500	KM 40	KM 10
Olympic 40+ & Relay teams	07:30	M 1500	KM 40	KM 10
Sprint up to 39	10:20	M 750	KM 20	KM 5
Sprint 40+& Relay	09:40	M 750	KM 20	KM 5

Registration through our web site for members or previous competitors in Hebrew only

Registration ends Tuesday August 31st.

Early registration with 50 NIS discount until Sunday August 29th.

Forbidden to enter transition area or race without Registration.

Start list will be published on our web site!!!

Race fee

NIS	None members including insurance	NIS	Members of ITA
375	adults	170	adults
235	Under 19	80	Under 19
235	Seniors men 65+ women 60+	80	Seniors men 65+ women 60+
255	Relay for each	100	Relay for each
Insurance 105 NIS Each			

ITA office

03- 6764008

Parking Arrangements

Approach to harbor will be open all through the event

Up to 06:15 through south side after that through Or Akiva

Arrival after 07:45 will be required to pay entry fee to the port of Cesarea via the main north entrance

Cancelation until 48 hours prior to event. After that no refund available

Registration form Caesarea Excellence Triathlon 2010

Send to : Israeli Triathlon Association Kfar Maccabia Ramat Gab Israel 52105.

E Mail: office@triathlon.org.il

Fax: 03-6764260 Tel: 03- 6764008

Mail check or fill credit card details and fax to our office or call us

EVENT	sprint[]	olympic []	
Sprint relay []		Olympic relay []	
NAME	Last name		
		id	Male/female
		___/___/___	birth
	no	Address st	
	zip	town	
	iron	tel	
Credit card payment			
		credit	Card holder
___/___	valid	Holder id	
			Card number credit
		tel	sum address
signature			
<input type="checkbox"/> women <input type="checkbox"/> mixed <input type="checkbox"/> men		Mark relay	
sug_____	name _____	swimmer F name _____	
sug_____	name _____	biker F name _____	
sug_____	name _____	runner F name _____	

