

# 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 on their letterhead**

\*NOTE : A processing fee of \$25 will be charged for all medical rollovers into next year's event. Please do NOT include personal checks or cash, as this will be done online through the registration website at a later date. Please email [registration@caprievents.com](mailto:registration@caprievents.com) if you have any questions about the medical rollover process.

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**

***US Women's***

***Triathlon Series***

(you must check one)

- Naperville - Triathlon
- Federal Way- Triathlon
- San Diego - Triathlon

***Category***

(you must check one)

- Sprint
- SuperSprint

***Division***

(you must check one)

- Individual
- Relay Team

***Please Note: Medical roll-overs are non-transferable and valid for ONE year only.***

**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!***