



SPACE COAST TURKEY TROT 5K & 10K

Thursday, November 22, 2018

START: 7:30 AM

Front Street Civic Center, Melbourne, FL
Register ONLINE at Secure.RunningZone.com

Race Beneficiaries:
West Shore JR/SR High School
&
Fantastic 4-H Farm



Wed. Nov 21st 10:00am - 6:30pm
Packet Pickup & Registration at Running Zone

Thurs. Nov 22nd –Front Street Civic Center

6:15am Packet Pickup & Registration
7:15am Late Registration ends
7:30am 5K & 10K START!

**AWARDS: M-F: Top 3 Overall, Top Masters
Age Groups – Top 3 M-F**

5K:
8 & Under, 9-11, 12-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44,
45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+

10K:
14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54,
55-59, 60-64, 65-69, 70-74, 75-79, 80+

**Race Venue: Front Street Civic Center
2205 Front Street, Melbourne, FL 32901**

Amenities:

- Appearance by Mr. Gobbles
- Largest Family Challenge
- Technical Race Shirts
- Pumpkin Pie Challenge
- Light breakfast after race
- Awards for the 5K and 10K
- Dress in your favorite Thanksgiving Costume

FEES:

Reg Type	Early Reg (No shirt)	Early Reg (With shirt)	Race Day Reg (No shirt)	Race Day Reg (With shirt)
Adult 5K Reg	\$20	\$25	\$25	\$30
Kids 5K Reg*	\$15	\$20	\$20	\$25
Adult 10K Reg	\$25	\$30	\$30	\$35

*(Ages 12 & Under)

SPACE COAST TURKEY TROT 5K & 10K OFFICIAL ENTRY FORM

Make check payable to: Running Zone Mail to: Running Zone 3696 N. Wickham Road, Melbourne, FL 32935

5K

10K

YM YL XS S M L XL XXL XXXL NO SHIRT

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (required): _____ Email address (required): _____

Sex: Male Female Date of Birth: ____/____/____ Age on Race Day: _____

Family Team Name _____

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the Running Zone Foundation event. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, emails or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

Signature _____

Signature of Parent if under 18 _____

Date _____

