Saturday October 15th 6:00 PM Field of Dreams Park

WILL RUN FOR CHOCOLATE

WON'T STAND FOR VIOLENCE 5K

Hosted by Zonta Club of Melbourne http://www.zontaspacecoast.org/

3053 Fell Rd, West Melbourne

(Across Minton Road from Calvary Chapel)

TIMETABLE:

Friday, October 14th 10:00 am - 6:30 pm

Packet Pickup & Registration at Running Zone

3696 N. Wickham Road in Melbourne (Just south of the King Center)

Saturday, October 15th

Field of Dreams Park- 3053 Fell Rd, Melbourne 4:45 pm Packet Pickup & Registration Opens

5:45 pm Registration Closes

6:00 pm 5K Start

*Awards Ceremony immediately following the race

FEES: Until 10/14 **Race Day** 5K Adult \$25.00 \$30.00 5K Child (Age 12 & Under) \$15.00 \$15.00

SORRY, NO REFUNDS

Register Online at:

https://secure.runningzone.com/zonta5k/



This campaign is to raise awareness of violence against women and girls around the world. Zonta International and its nearly 30,000 members in 67 countries worldwide are committed to preventing and ending violence against women and girls.

AWARDS:

M-F: Top 3 Overall, Top Masters (40+), 25 - 29 55 - 59orange outfit/costume

	20 - 24	50 - 54	Award for brightest	
	15 - 19	45 - 49	75 +	
	12 - 14	40 - 44	70 - 74	
ZONE	9 - 11	35 - 39	65 - 69	
RUNNING	8 & Under	30 - 34	60 - 64	
RACE MANAGEMENT BY	Age Groups (Age Groups (Top 3 M-F)		

Send completed entry form with fee to: Zonta Cl	ub of Melbourne, P.O. Box 417, Melbourne, F	L 32902-0417	
Make check payable to: Zonta Club of Melbour	ne		
FirstLas	t		
Address	City	State	Zip
Phone (daytime)	Email address		
Sex (circle one): Male Female	Date of Birth/	Age on Race Day	
Please check shirt size: (circle size) XS	Small Medium Large XL	XXL	
INCOM	PLETE OR UNSIGNED ENTRY FORMS WILL NOT	Γ BE ACCEPTED	
n consideration of my entry being accepted	I, I intend to be legally bound, and hereby	for myself, my heirs, and exe	cutors, waive all
rights and claims for damages which may he	ereafter accrue to me against the sponsors	s, officials, volunteers, and su	pporters of this rad
and any representatives, successors, or assign	gns for any and all damages or injuries whi	ich may be sustained and suf	fered by me in

officials of the race to use the	heir discretion to have me transported to a medical facility, and I tak	e full financial and legal responsibility
for this action. I attest and $% \left(1\right) =\left(1\right) \left(1\right) \left($	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 a	Il of the foregoing to use any photographs, videotapes, or any other	record of this event for any purpose of
the event whatsoever. I have	ve read the above release and understand that it presents a risk of p	hysical injury, knowing this I am
entering this event at my ov	wn risk.	
SIGNATURE	SIGNATURE OF PARENT FOR THOSE UNDER 18	 DATE