

CITY OF CAPE CANAVERAL PRESENTS THE 22ND ANNUAL









SATURDAY, DECEMBER 9, 2017 - 8:00 AM

Proceeds benefit The Brevard County Sheriff's Office Charities, Inc. - YDC Program.

PRE-REGISTRATION BY 11/23:

Individual \$25

REGISTRATION 11/24 - RACE DAY:

Individual \$30

SCR YOUTH SERIES FUN RUN: FREE! First 600 Registrants Receive Race Shirts

RAIN OR SHINE - No Refunds

SCR Receive \$3 OFF

BEST OVERALL: 1st, 2nd & 3rd Male and Female Masters, Grand Masters & Senior Grand Master

AGE GROUPS:

0-9 10-14 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+

NEW CO-ED TEAM DIVISION: Best Finishing Team of 4

PACKET PICKUP & REGISTRATION

FRIDAY, DECEMBER 8, 2017

10: 00 AM – 6:30 PM - (cash/or check only)

RUNNING ZONE

3696 N. Wickham Road, Melbourne (Across from EFSC)

RACE SCHEDULE

SATURDAY, DECEMBER 9, 2017

6:45 AM - REGISTRATION AND PACKET PICK UP BEGINS

7:45 AM – REGISTRATION CLOSES

8:00 AM - 5K RUN/WALK START

9:00 AM - SCR YOUTH SERIES FUN RUN

9:15 AM - AWARDS PRESENTATION

9:45 AM - DOOR PRIZES

CHERIE DOWN PARK

8492 Ridgewood Avenue, Cape Canaveral



HOLIDAY COSTUMES ENCOURAGED!!!

Online Registration open until 12/7/17 https://secure.runningzone.com/ MORE INFO: beachteachc104@aol.com or 321-360-9936

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE, REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE" 1-800-HELP-FLA (435-7352)

> The Brevard County Sheriff's Office Charity, Inc. is recognized as a not for profit corporation section 501@3 charitable organization# 59-3441257. BCSO Charity Inc., 700 S. Park Ave. Titusville, Fl. 32780

SEND COMPLETED ENTRY FORM WITH FEE TO: RUNNING ZONE, 3696 N. WICKHAM ROAD, MELBOURNE, FL. 32935 CHECKS PAYABLE TO: Brevard County Sheriff's Office Charity, Inc.



Last Name

SIGNATURE



WRITE: **REINDEER RUN** IN MEMO

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Address:				_		Official Entry Form
City:	State:	Zip Code:				RUNNING
Phone:	E-mail					RUNNING ZONE XXL
M: F: Age on Race Day: _	D.O.B://	Shirt Size: XS	S M	L	XL	XXL
Team:	TEAM OF 4 MUST BE CO	O-ED & EACH MEN	/IBER M	UST	COM	IPLETE REGISTRATION FORM

In consideration of my entry being accepted, I intend to be legally bound and do hereby for myself, my heirs, my executors, waive and release all rights and claims for damages which I may have or which may hereafter accrue to me against the City of Cape Canaveral, its tenants, and sponsors of the Reindeer Run, Brevard County Sheriff's Office Police Athletic League, their respective officers, agents, directors, representatives, successors and assigns for any and all damages or injuries which may be sustained and suffered be me in connection with my association with or entry or participation in the 22nd Annual Reindeer Run 5K Run/Walk. 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 responsibility for this action. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose whatsoever.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN	RISK.
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First Name

(Sianature of parent or quardian is required if participant is under 18 years of age	
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DATE