



**BEN STRONG 5K**  
TWO FAMILIES COMING TOGETHER  
ONE COMMUNITY MAKING A DIFFERENCE

# The 4th Annual Ben "Strong" 5K KEEP CALM & FIGHT LEUKEMIA

March 24th, 2018 at 5:00 pm

IRA Riverside Course in Titusville



*Proudly hosted by Hometown Hope, Inc. and sponsored by Playalinda Brewing Co.*

## Proceeds Benefit

A local family fighting the battle against Leukemia. For more details, please visit: [www.benstrong5k.org](http://www.benstrong5k.org).

**Location:** Playalinda Brewing Company  
305 S. Washington Avenue  
Titusville, FL 32796

**Contact:** [info@benstrong5k.org](mailto:info@benstrong5k.org)

## Visit the Website

[www.benstrong5k.org](http://www.benstrong5k.org)

- Online Registration
- Event Schedule
- Become a Sponsor
- Register as a Volunteer



## Entry Fees\*

\$30 Early Registration  
\$35 Onsite Registration

## Early Packet Pickup

Thursday, March 22, 10:00 am - 6:30 pm  
Running Zone (3696 N Wickham Rd, Melbourne)

Friday, March 23, 5:30 - 7:00 pm  
Playalinda Brewing Co. (305 S Washington Ave, Titusville)

## Packet Pickup & Late Registration

Saturday, March 24, 3:30 - 4:45 pm

## Awards

Male & Female - Top Master and Top 3 Overall and  
Top 3 in each of 16 age groups from U9 to 80+

\*Shirts guaranteed to participants registered by March 10. There is a \$5 discount for no-shirt option. Finisher medals for the first 500 runners. Race is electronically timed by Running Zone.

## Ben "Strong" 5K—Saturday, March 24, 2018

### REGISTRATION FORM

**Name (printed)** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ ☐ Male ☐ Female **Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_  
Day of Race

☐ **Shirt** (please circle size) **Adult:** XS S M L XL 2X 3X / **Youth:** YXS YS YM YL ☐ **No shirt** (deduct \$5 from entry fee)

**Make checks payable to Hometown Hope, Inc. and mail to 274 E. Eau Gallie Blvd #107, Indian Harbour Beach, FL 32937**

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and my executors, waive all rights and claims for damages which may hereafter accrue to me against Running Zone Race Management Inc., sponsors, officers, volunteers and supporters of this race and any representative, 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 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 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 grant full permission to any and all of the foregoing to use any photographs, video tapes or any other record of this event for any purpose of the event whatsoever. I have read the above and understand that it presents a risk of physical injury, knowing this, I am entering this event at my own risk.

**Signature (Parent, if under 18)** \_\_\_\_\_ **DATE** \_\_\_\_\_

For Office Use Only

**Amount Enclosed \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ ☐ Cash ☐ Credit Card **Coupon** \_\_\_\_\_ **Rep** \_\_\_\_\_