20TH ANNUAL REINDEER RUN











PROCEEDS BENEFIT THE BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC LEAGUE

RACE INFORMATION:

FRIDAY, DECEMBER 11, 2015 10: 00 AM – 6:30 PM - PACKET PICKUP RUNNING ZONE

3696 N. Wickham Road (across from EFSC)

SATURDAY, DECEMBER 12, 2015

8:00 AM - 5K RUN/WALK

9:00 AM - SCR YOUTH SERIES FUN RUN

9:15 AM - AWARDS PRESENTATION

9:45 AM - DOOR PRIZES

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+















CHERIE DOWN PARK 8492 RIDGEWOOD AVENUE CAPE CANAVERAL, FL.

PRE-REGISTRATION BY 12/2......\$25.00 Space Coast Runners Receive \$1.00 Discount Pre-Registration Only

REGISTRATION 12/3 – RACE DAY....\$30.00 SCR KIDS FUN RUN.....FREE

First 500 Registrants Receive Race Shirts RAIN OR SHINE – No Refunds

SATURDAY, DECEMBER 12 8:00 AM

www.runningzone.com/calendar/ kip.pastermack@bcso.us 321-412-3675

2015 REINDEER 5K RUN/WALK

OFFICIAL ENTRY FORM

Make check payable to: BCSO PAL

Send completed entry form with fee to: Running Zone, 3696 N. Wickham Road, Melbourne, FL. 32935

Last Name	First Name	M.I
Address		
City		Zip Code
Telephone	E-mail	
Male Female	Age on 12/12/15	D.O.B
Please Check Shirt Size:XS	\underline{S} \underline{M} \underline{L} \underline{X}	

First 500 Registrants Receive Shirts

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 20th 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.

SIGNATURE	DATE