

Florida Beer Company Presents **Craft Action Heroes 5K**

Saturday, October 17th, 2015 5:00 p.m

Time Table	Race Amenities	
Friday, October 16th 2015 Running Zone 3696 N Wickham Rd, Melbourne 10 a.m. – 6:30 p.m. Early Packet Pickup & Registration	 Prizes to Top Finishers! Enjoy your finisher BEER at the After Party at Florida Beer Co! (Non-Alcoholic beverages provided to registrants under 21) Benefitting: That Others May Live Foundation 	
Saturday, October 17 th 2015 Florida Beer Company 200 Imperial Blvd, Cape Canaveral	Awards	
**PLEASE ARRIVE EARLY, AS PARTICIPANTS WILL PARK AT FLORIDA BEER CO. AND BE SHUTTLED TO THE RACE START! 3:45 p.m. – Packet Pickup & Registration 4:45 p.m. – Registration Ends 5:00 p.m. – 5K Start	Top 3 Overall Male & Female, RACE MANAGEMENT BY Top Masters (40+) Male & Female, RACE MANAGEMENT BY Top 3 Age Groups Male & Female Semale 5-8 9-11 12-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59	
Entry Fees	60-64 65-69 70-74 75+	
Until 10/16 Race Day Adults \$25 \$30 Team Members \$23 \$30 Sorry, No Refunds.	Top 3 Teams (Co-ed, 4 Members)	

£.	

	Craft Action Heroes Entry Form:	
To enter online and pay by credit car	d, go to secure.RunningZone.com. (online regis	stration closes at midnight on 10/15)
1	o pay by check, complete this form and mail to	
Florida Be	er Company, 200 Imperial Blvd Cape Canaveral	l, FL 32920
	Checks payable to Florida Beer Company	
First Name	Last Name	
Street Address		
City		
		e (unisex tank): S M L L XL XXL
TeamPhor	e E-mail addr	ress
In consideration of my entry form being accepted, I intend for damages which I may have or may hereafter accrue to r representatives, successors, and assigns of each, as well as sustained or suffered by me in connection with any associa the officials of the race to use discretion to have me transp sufficiently trained for the competition of this event. I here of this event for any purpose whatsoever. I HAVE READ TH	ne against Florida Beer Company, Running Zone Race all sponsoring organizations and their representative tion or entry or participation in the BSYO Symphony S orted to a medical facility, and I take full responsibilit by grant full permission to any and all of the foregoin	e Management, Inc, and the officers, agents, employees, is, for any and all damages or injuries which may be Sprint 5K run. If I should suffer injury or illness, I authorize ty for this action. I attest that I am physically fit and have ig to use any photographs, videotapes, or any other record
Signature	Guardian Signature if Under 18	Date