FARINA-MUNCH LEUKEMIA HOPE CHALLENGE

January 10th, 2016 2 PM

All proceeds of the race fund William Farina Benefit Trust or James Munch Benefit Trust as both men individually battle Acute Myeloid Leukemia

FEES: Until 1/8 Race Day

Adult: \$30 \$35 Students: (17 & Under):

\$20 \$22

No Refunds AT ALL

REGISTER: At runningzone.com

Or Registration Form on Back to mail

<u>AWARDS:</u> Male and Female awards for Top 3 Overall, Top

Masters (40+), Top 3 in EACH age group.

RESOURCES: Oneblood will be on site from 12 to 6 PM accepting donations. We advise all 5K Race participants to wait until after the race to donate. Friends and family welcome to donate anytime.

Be the Match will be on site to take Bone Marrow Registration and do Swab testing.

QUESTIONS: RACE Coordinator

leukemiahopechallenge@yahoo.com



EVENT DATE: Sunday, January 10th
LOCATION: Melbourne Central Catholic

100 E. Florida Ave, Melbourne

PACKET PICK-UP: Friday, January 8th OR

Saturday January 9th

10 AM - 5 PM at Running Zone 3696 N. Wickham Rd. Melbourne, FL

EVENT TIMING:

12:30 PM: Registration and Packet

Pick Up Begins

1:45 PM: Registration Closes

2:00 PM 5K Begins

3:30 PM Awards Ceremony 4:00 PM Dinner by Carrabba's

Chicken Marsala, Pasta, Bread, Drink

AMENITIES:

- T-shirts guaranteed for those registered by 12/15/15
- Runner Gift Bag
- Raffle Prizes
- Carrabba's Dinner included in Race Fee

OFFICIAL RACE ENTRY FORM FARINA AND MUNCH LEUKEMIA HOPE CHALLENGE 5K

Checks Payable to:	William Farina Benefit Trust Or	
	James Munch Benefit Trust	
Mail to:	Western and Southern Life 1800 Hibiscus Blvd. Suite 136 Melbourne, FL 32901	
Name:		
Date of Birth:/_	/ Age on	Race Day:
Address:		
City:	State: Zip:	
Email:		
Phone:		
Gender (Circle One): Male T-shirt size (Circle One): Youth: Medium Adult: Small Medium Large XL XXL WAIVER OF LIABILITY In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.		

Date

Signature (Parent/Guardian if under 18)