



Tarmac 10K, Turbine 2 Miler & Twin Engine Challenge

Missionary Flights International

Missionary Flights International	1	FEES:			
3170 Airmans Dr., Fort Pierce, Florida		<u>2 Miler</u>	Until 3/4/16	Race Day	
pm-7pm: Packet Pick Up and Regi		Adults:	\$25	\$30	
Saturday, March 5th:		Students (18 and un	nder): \$20	\$30	
lissionary Flights International		<u>10K</u>	Until 3/4/16	Race Day	
170 Airmans Dr., Fort Pierce, Flori		Adults:	\$35	\$40	
:30am: Packet Pick Up and Regist		Students (18 and up	nder): \$30	\$40	
:15am: Registration Closes for 10	IK	Challenge	Until 3/4/16	Race Day	
:30am: Tarmac 10K starts		Adults:	\$45	\$50	
7:45am: Registration Closes for 2 Miler		Students (18 and up	•	\$50	
:00am: 2 Miler starts			φισ	400	
8:15am (approx.): 10K Awards 9:15am (approx.): 2 Miler and Challenge Awards Ceremony			Register Online: https://secure.runningzone.com/runway Online Registration Closes Thursday, 3/3 at midnight		
Twin Engine Challenge: Participat	te in both the 10K and 2 Miler and	AWARDS:			
receive a special finisher's award!			Top 3 M & F Overall, Top M & F Masters (40+),		
Shirts guaranteed for those registered by 2/15/16		Top 3 M & F in A	Top 3 M & F in Age groups:		
 Random drawing for 5 registrant: airplane ride 	ts who register by 2/15/16 for an	0-9, 10-19, 20-29	9, 30-39, 40-49 50-5	9, 60-69, 70+	
	•		RAC	E MANAGEMENT BY	
	ary Flights International s, 8506 Fort Walton Ave., For Last Name:	·	R	ZONE	
Checks Payable to: Missiona Mailed to: MFI Race Entries First Name:	s, 8506 Fort Walton Ave., For		State:	_ Zip:	
Checks Payable to: Missiona Mailed to: MFI Race Entries First Name: Address:	s, 8506 Fort Walton Ave., For Last Name:	City:			
Checks Payable to: Missiona Mailed to: MFI Race Entries First Name: Address: Phone Number:	s, 8506 Fort Walton Ave., For Last Name:	City: Email:			
Checks Payable to: Missiona Mailed to: MFI Race Entries First Name: Address: Phone Number: Date of Birth://	s, 8506 Fort Walton Ave., For Last Name:	City: Email: (circle one) Male or Fe	emale		
Checks Payable to: Missiona Mailed to: MFI Race Entries First Name: Address: Phone Number: Date of Birth://	s, 8506 Fort Walton Ave., For Last Name: Age on Race Day: le one): Youth Small Youth N	City: Email: (circle one) Male or Fe	emale		

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.

Signature (Parent/Guardian if under 18)