

SPOOKY 5K

Saturday, October 19th, 2019

7:30 AM – 5K START

Viera High School

6103 Stadium Parkway, Melbourne, FL



Join us for a fun walk/run to raise money for our
2019 United Way Campaign!!!

100% of the proceeds go to the United Way of Brevard, a
501(c)3 charity organization
RAFFLES, FOOD, & FUN!!!

TIME TABLE:

Friday, October 18th -- 10:00 AM - 6:30 PM

Packet Pickup & Registration at Running Zone
3696 North Wickham Road, Melbourne, FL

Saturday, October 19th – Viera High School;

6103 Stadium Parkway, Melbourne, FL

6:30 AM Packet Pickup & Registration

7:15 AM Late Registration for 5K ends

7:30 AM 5K Start

*Awards Ceremony immediately following the race

FEES:	Until 10/18	Race Day
Adult 5K Run/Walk	\$20.00	\$25.00
Child (5 -12 years old)	\$10.00	\$15.00

**Kids under 5 are free

[Register online at secure.runningzone.com](http://secure.runningzone.com)

Rain or Shine, No Refunds.

AWARDS:

Top 3 Male & Female Overall,

Top Male & Female Masters (40+),

Top Fastest Team (must be co-ed, minimum of 5)

Age Groups (Top 3 Male & Female):

8 & Under 25 - 29 50 - 54 75 - 79

9 - 11 30 - 34 55 - 59 80+

12 - 14 35 - 39 60 - 64

15 - 19 40 - 44 65 - 69

20 - 24 45 - 49 70 - 74

COSTUME CONTEST:

- Best Team Costume
- Best Couples Costumes
- Scariest Costume
- Most Original Costume
- Best Kids Costume

OFFICIAL ENTRY FORM - SPOOKY 5K

Send completed entry form and check payable to: United Way
3696 N. Wickham Rd, Melbourne, FL 32935

RACE MANAGEMENT BY



First: _____ Last: _____

Sex: Male Female Date of Birth: ____/____/____ Age on Race Day: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Team Name (co-ed; min of 5): _____

Additional Donation: \$1.00 \$3.00 \$5.00 \$10.00 \$_____ (Fill in \$ Amount)

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of my being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executives, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers and supporters of this race and any representatives, 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 United Way Spooky 5k event. If I should suffer injury or illness I authorize the officials of the event to use their discretion to have me transported to a medical facility and I 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 hereby grant full permission to any and all of the foregoing to use any photographs, videos, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury. Knowing this I am entering this race at my own risk.

SIGNATURE

SIGNATURE OF PARENT FOR THOSE UNDER 18

DATE