DeLaura Dash 2 Miler
Run for the End Zone

Saturday, February 1st, 2020

4:00 PM – 2 Miler Start

DeLaura Middle School

300 Jackson Avenue, Satellite Beach, FL 32937

RACE MANAGEMENT BY RUNNING ZONE

Race Amenities:

- Cool T-shirts for those registered by 1/20/2020
- DJ/Entertainment
- Post-race Local Food and Beverages
- Chip-timed & managed by Running Zone Race Management

Time Table:

Friday, January 31st, 2020: *Running Zone*
(3696 N. Wickham Rd, Melbourne)
10 AM-6:30 PM: Early Packet Pickup and Registration

Saturday, February 1st, 2020: DeLaura Middle School
2:45 PM: Registration & Packet Pickup Opens
3:45 PM: Registration Closes for 2 Miler
4:00 PM: 2 Miler Start!
**** Awards Ceremony Following 2 Miler***

Online registration at:
https://secure.runningzone.com/

Proceeds from the race benefit the DeLaura students

Race Fees:	**Before 12/23**	**12/24-1/25**	**1/26 - 2/1**
Adult	$20	$25	$30
Adult*			
**DeLaura Faculty/Staff*	$15	$20	$25
Student	$15	$20	$25
(17 & under)			
Team	$15	$20	$25

Awards:

M-F: Top 3 Overall, Top Masters (40+),
Age Groups (Top 3 M-F):

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	

Largest Participation Team

Sorry, No Refunds.

DeLaura Dash - Official Entry

Mail entry form with fee to: *Running Zone - 3696 N. Wickham Rd, Melbourne, FL 32935*

Make check payable to: DeLaura PTO

First: _____ Last: _____

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

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Team Name: _____

T-Shirt Size: ☐ Youth Large ☐ Small ☐ Medium ☐ Large ☐ XLarge ☐ XXLarge

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, 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 DeLaura Dash event. 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 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, videotapes, 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 event at my own risk.

_____ _____ _____

SIGNATURE SIGNATURE OF PARENT/GUARDIAN (FOR THOSE UNDER 18) DATE