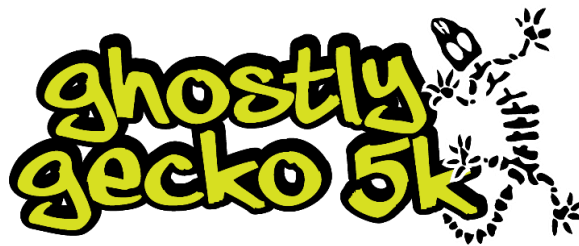


PRESENTED BY:



Health Plans



6:30 pm Start Time

October 26, 2019

Random Giveaway:
an iPad

Time Table:

Packet Pickup and Registration:

Tuesday 10/22 to Friday 10/25 (10 am - 6:30 pm)

Running Zone 3696 N Wickham Road Melbourne, FL 32935
(across from the King Center)

Race Day:

Eau Gallie Civic Center, 1551 Highland Ave Melbourne

5:30 pm Packet Pickup & Registration

6:20 pm Late Registration 5K ends

6:30 pm 5K Start!!!

The Lil' Goblins Kids Run will take place when all finishers have completed the 5K.

Race Features:

- Best Halloween costume contest for Adults
- Separate costume contest for Kids
- Halloween trick or treat bags for finishers
- Post-Race Party on the Squid Lips beach
- Free Beer to finishers 21yoa and up
- Free Lil' Goblins run with Zippy the Gecko
- Awards ceremony **INSIDE** the Civic Center
- **Race Beneficiary:**



For more Information:

RUNNINGZONE.COM/SERIES

Race Fees:

| | (until 10/25) | (race day) |
|--|---------------|------------|
| Individual | \$30 | \$35 |
| Kids (Under 12 yoa) | \$15 | \$20 |
| Team Registration | \$25 | NONE |
| Take \$5 off your registration with the NO SHIRT option! | | |

Ghostly Gecko 5K Registration:

Send completed entry form and check to:

Running Zone, 3696 N Wickham Road, Melbourne, FL 32935

All items below must be completed!

First Name _____ Last Name _____

Male Female Date of Birth ____/____/____ Age on Race Day ____

Email address _____

Address _____ City _____

State _____ Zip _____ Phone (daytime) _____

Shirt Youth M Youth L XS S M L XL XXL XXXL No Shirt Option (save \$5)

Team Name _____ (Min. of 5 Participants, one of the Opposite Sex)

Elementary/Middle School Name _____

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 a Running Zone Foundation Race Series event. 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, email, 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 FOR THOSE UNDER 18

DATE

