

- 3rd Annual -
SATURDAY
Nov. 11, 2017



Tax # 47-4635075

Schedule of Events

Pre Race Packet Pick-up/Registration:

Friday, November 10, 2017 12-6 pm at Riverside Park, 299 S. Riverside Dr., New Smyrna Beach

Race Day Registration:

Saturday, November 11, 2017 6:30AM - 8:00AM at 299 South Riverside Dr., New Smyrna Beach

Race Starts: 8:00AM

Course

Runners and Walkers Are Welcome. Start/Finish at Riverside Park. The race will be professionally timed. Digital time clocks will be viewed at the 2 mile & finish. Disposable electronic tags attached to bib numbers. (THIS IS AN OPEN ROAD COURSE) 5K USATF Certified Course #FL15087EBM

Awards

Overall/Male and Female finishers, and the top three runners in the following age groups: 10 and under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and older

Presenting Sponsor

Registration

Register early and save!!!

Entry fee before Nov. 5 = \$25
 Entry fee from Nov. 5-10 = \$30
 Race Day Entry fee = \$35 (cash or check)
 18 yrs & under = \$20
 18 yrs and under/ race day = \$25

Register Online with a credit card at: www.RunSignup.com

or **Mail Payment** to (cash or check):
 Brain Cancer Awareness 5k
 104 Desoto Drive
 New Smyrna Beach, FL 32169

Amenities

Trophy: Top Male/Female runner

Medal: Top 3 age groups

T-shirt and Post race refreshments (Availability and size of shirts only guaranteed to those who register by November 5, 2017)

Team Competition

Teams must have a minimum of 3 members. Only top 3 team members are scored. All team members will appear in individual results. (Team Prizes-Awarded to: Overall Fastest-timed/scored Team, Second & Third runner-up Teams, The largest Team, The most creative attire Team)

For More Information

Visit www.bca5kFlorida.com



(386) 314-3910
braincancerawarenessfla@gmail.com

BRAIN CANCER AWARENESS 5K - REGISTRATION FORM

NAME: _____ Sex: M F AGE: _____ DATE of BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TEAM: _____ PHONE: _____

EMAIL: _____

* T-shirt Size: Sm. Med. Lg. XLg. XXLg. (size based on availability)

Method of Payment:

- I have enclosed a check, made payable to Brain Cancer Awareness 5k, Check # _____ Check Amount \$ _____
- I have enclosed my payment in cash in the amount of \$ _____
- I am giving a Donation (not present) in the amount of \$ _____

Please mail registration and payments to: Brain Cancer Awareness 5k | 104 Desoto Dr., New Smyrna Beach, FL 32169

Waiver Form: I, the undersigned, hereby represent that I do not have any medical/physical condition which would be adversely affected and/or aggravated by my election to participate in the Brain Cancer Awareness 5K Run/Walk on November 11, 2017. I hereby release and forever discharge Brain Cancer Awareness 5K, Inc. (non-profit) group, all event sponsors. Their officers, employees, agents, administrators, volunteers, and assigns from any and all claims, demands, actions or rights of action, of whatsoever kind of nature, arising from or by reason of any bodily injury or personal injury resulting from any occurrence as a result of my election to participate in this event.

I give my full permission for Brain Cancer Awareness 5K, Race Smith, Inc. And even sponsors to use my name, any photographs and video tapes that are made during the event.

Dated this _____ day of _____ 2017 _____ / _____ / _____ Date _____
 Participant Signature _____ Parent/Legal Guardian (under 18) _____

Emergency Contact: _____ Emergency Phone: _____