



WAGON'S RUN WALK ROLL 5K

Saturday, March 2, 2019 at Chain of Lakes, Titusville

Beneficiary
 Brittany's Wish - "Kidz Kicking Leukemia" providing financial assistance and other acts of kindness to Central Florida families with a child battling leukemia. For more details visit: www.brittanywish.org

Contact Linda Roggenkamp
 (321) 302-6011
wagons5k@gmail.com

Location Chain of Lakes Park
 2300 Truman Scarborough Way
 Titusville, Florida 32796

Entry Fees
 \$20 Early Registration by January 25
 \$25 Registration by March 1
 \$35 Race Day

Shirts guaranteed to participants registered by February 15. Race is chip timed.

Early Packet Pickup & Late Registration
 Wednesday February 27, 5 PM – 7PM
 YMCA, 2400 Harrison St., Titusville

Thursday February 28, 5PM – 7 PM
 YMCA, 1519 Clearlake Rd., Bldg. 18, Cocoa

Online Registration available at:
<https://runsignup.com/Race/FL/Titusville/WagonsRunWalkRoll5K>

Event Day Schedule:
 Registration/Packet Pickup ---- 6:30 – 7:50 AM
 5K Start ----- 8:00 AM
 Awards Ceremony----- 9:15 AM

Age Divisions for Awards: Top 3 Overall Male and Female; Masters Male & Female; Male & Female: 7-9; 10-14; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70-74; 75+

Wagon's Run Walk Roll 5K – Saturday March 2, 2019 – Registration Form

Name (print) _____ Phone # _____

Address _____ State _____ Zip _____

Email _____ Circle one Male/Female Birthday __/__/__ Age _____

Adult Shirt Size (circle one), YM YL XS S M L XL 2X Amount Enclosed \$ _____ Check # _____

Make checks payable to Brittany's Wish, Inc. Mail to PO Box 238444, Cocoa, FL 32923

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and my executors, waive all rights and claims for damages which may hereafter accrue to me against Space Coast Event Management & Timing, sponsors, officers, volunteers and supporters of this race and any representative, 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 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 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 grant full permission to any and all the forgoing to use any photographs, video tapes or any other record of this event for any purpose of the event whatsoever. I have read the above and understand that it presents a risk of physical injury, knowing this, I am entering this event at my own risk.

Signature (Parent, if under 18) _____ Date _____

Office Use Only: Date Paid _____ Amount \$ _____ CK# _____ Credit Card / Cash _____