



13th Annual

CHUCK WAGON'S 5K

Saturday, March 6, 2026

5K – 8 AM Start

Chain of Lakes Park

2300 Truman Scarborough Way, Titusville, FL

Chuck Wagon's 5K OFFICIAL ENTRY FORM



FAMILIES KICKING CANCER

Timetable

Early Packet Pickup & Late Registration

Friday, March 5th: 10 AM – 6:30 PM

Running Zone, 3696 N. Wickham Rd, Melbourne

Race Day – Saturday, March 6th

Chain of Lakes Park, 2300 Truman Scarborough Way, Titusville

6:45 AM: Registration & Packet Pickup Opens

7:45 AM: Registration & Packet Pickup Closes

8:00 AM: 5K Start

9:15 AM: Awards Ceremony

Awards:

Top 3 Overall (M/F)

Top Masters (40+) (M/F)

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

Fastest Team Award (co-ed & must be min of 4)

Beneficiary: Brittany's Wish, Inc - providing financial assistance and other acts of kindness to Central Florida families with a child battling cancer. For more details visit: www.brittanyswish.org

Race Amenities:

- Brittany's Wish Race Shirt (shirt size guaranteed by Feb 6th)
- One of a kind Finisher Medals
- Post race snacks & beverages
- Can't make the race, sign up for the Virtual 5K
- Race timing by Running Zone Race Management

Entry Fees:

	until 1/24	1/25 – 3/5	Race Day
Adult 5K	\$30	\$35	\$40
Kid 5K (under 17 y/o)	\$20	\$25	\$35
VIRTUAL 5K*	\$30	\$35	N/A

*Add \$5 if you would like your virtual packet shipped

To register online, go to this link:

<https://secure.runningzone.com/>

Rain or Shine Sorry No Refunds.

For more race information, contact Linda Roggenkamp, (321) 302-6011, wagons5k@gmail.com

Send completed entry form with fee to: Running Zone – 3696 N. Wickham Rd. Melbourne, FL 32935

Make check payable to: Brittany's Wish, Inc

Adult 5K Kid 5K Virtual



Name: _____

Sex (circle one): Male Female Date of Birth ____/____/____ Age on Race Day _____

Email address _____ Phone _____

Address _____ City _____ State _____ Zip _____

Shirt Size (circle one): Youth M Youth L Small Medium Large XLarge XXL XXXL

Team 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 my executors, waive all rights and claims for damages which may hereafter accrue to me against Running Zone Race Management Inc, Chuck Wagon's 5K Race Director, 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 foregoing 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# _____ Cash Amount \$ _____