

SPOOKY 5K

Saturday, October 10th, 2020

7:30 AM – 5K START

Viera High School

6103 Stadium Parkway, Melbourne, FL



Join us for a fun walk/run to raise money for our
2020 United Way Campaign!!!

TIME TABLE:

Friday, October 9th -- 10:00 AM - 6:30 PM
Packet Pickup & Registration at Running Zone
3696 North Wickham Road, Melbourne, FL

Saturday, October 10th – Viera High School;
6103 Stadium Parkway, Melbourne, FL

NO RACE DAY PACKET PICKUP

7:30 AM 5K Start

FEES:	Until 10/9	Race Day
Adult 5K Run/Walk	\$25.00*	\$30.00
Child (5 -12 years old**)	\$15.00*	\$20.00

*Save \$5 with No T-shirt Option

**Kids under 5 are free

	Until 10/8	Race Day
Virtual 5K	\$25.00	--

[Register online at secure.runningzone.com](https://secure.runningzone.com)

Rain or Shine, No Refunds.

100% of the proceeds go to the United Way of Brevard, a
501(c)3 charity organization

T-SHIRTS (for first 200 participants), RAFFLES, LIGHT
BREAKFAST, & FUN!!!

AWARDS:

Top 3 Male & Female Overall,
Top Male & Female Masters (40+),
Top Fastest Team (must be co-ed, minimum of 5)

Age Groups (Top 3 Male & Female):

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	

COSTUME CONTEST:

- Best Team Costume
- Best Couples Costumes
- Scariest Costume
- Most Original Costume
- Best Kids Costume



OFFICIAL ENTRY FORM - SPOOKY 5K

Send completed entry form and check payable to: United Way
3696 N. Wickham Rd, Melbourne, FL 32935

First: _____ Last: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Team Name (co-ed; min of 5): _____

T-Shirt Size (please circle): Small Medium Large XL XXL No Shirt Option (-\$5 off)

Additional Donation: ☐ \$1.00 ☐ \$3.00 ☐ \$5.00 ☐ \$10.00 \$_____ (Fill in \$ Amount)

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of my being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executives, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers and supporters of this race an any representatives, successors, or assigns for any and all damages, illness, or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the United Way Spooky 5k event. If I should suffer injury or illness, I authorize the officials of the event 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, videos, 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 race at my own risk.

SIGNATURE _____

SIGNATURE OF PARENT FOR THOSE UNDER 18 _____

DATE _____