

16TH ANNUAL REINDEER RUN

PROCEEDS BENEFIT THE
BREVARD COUNTY
POLICE ATHLETIC LEAGUE



RACE INFORMATION:

FRIDAY, DECEMBER 9, 2010
10: 00 AM – 6:30 PM - PACKET PICKUP
RUNNING ZONE
3696 N. Wickham Road (across from BCC)

SATURDAY, DECEMBER 10, 2011
7:30 AM - HEALTH & FITNESS FAIR
8:00 AM - 5K RUN/WALK
9:00 AM - SCR YOUTH SERIES FUN RUN
9:15 AM - AWARDS PRESENTATION
9:45 AM - DOOR PRIZES

AGE GROUPS:
0-9 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+

www.cityofcapecanaveral.org
r.lefever@cityofcapecanaveral.org
321-868-1226



CHERIE DOWN PARK
8492 RIDGEWOOD AVENUE
CAPE CANAVERAL, FL. 32920

FEES:

PRE-REGISTRATION FEE.....\$25.00
BEFORE DECEMBER 2, 2011
Space Coast Runners Receive \$1.00 Discount
Pre-Registration Only
ON-SITE REGISTRATION FEE.....\$30.00
SCR KIDS FUN RUN.....FREE
First 400 Registrants Receive Race Shirts
RAIN OR SHINE – No Refunds

SATURDAY, DECEMBER 10TH
8:00 AM

2011 REINDEER 5K RUN/WALK

OFFICIAL ENTRY FORM

Make check payable to: **CITY OF CAPE CANAVERAL**

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

Last Name _____ First Name _____ M.I. _____

Address _____

Telephone _____ E-mail _____

Male _____ Female _____ Age on 12/10/11 _____ D.O.B _____

Please Check Shirt Size: XS S M L XL XXL

First 400 Registrants Receive Shirts

In consideration of my entry being accepted, I intend to be legally bound and do hereby for myself, my heirs, my executors, waive and release all rights and claims for damages which I may have or which may hereafter accrue to me against the City of Cape Canaveral, its tenants, and sponsors of the Reindeer Run, Brevard County Police Athletic League, their respective officers, agents, directors, representatives, successors and assigns for any and all damages or injuries which may be sustained and suffered by me in connection with my association with or entry or participation in the 16th Annual Reindeer Run 5K Run/Walk. 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 I take full responsibility for this action. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. I HAVE READ THE ABOVE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

SIGNATURE _____

DATE _____

(Signature of parent or guardian is required if participant is under 18 years of age)