



Wabasso School Run/Walk/Roll



Saturday March 7th 2020 @ 7:30am

COURSE: The 3.1-mile course will travel through beautiful Riverside Park in Vero Beach.

DATE: March 7th 2020

ENTRY FEE: \$25.00 in advance, \$30.00 on race day. Entries on race day will be accepted at the **race site starting at 6:15AM on race day and will cut off at 7:15 am sharp**

First 150 registrants will receive a dry fit race shirt.

Or Mail **Race Entry Forms & Checks or Register in person to**
Runner's Depot of Vero Beach (Located in the Miracle Mile Plaza)
436 21st Street Vero Beach, FL 32960
772-569-7364 www.runnersdepotvb.com

AWARDS: Awards will be given out to the Top 3 Overall Males & Females, as well as Age Group awards to Top 3 Males and Females in the following age categories: (9& Under) (10-19) (20-29) (30-39) (40-49) (50-59) (60-69) (70 & Over)

PACKET PICK-UP: Packets can be picked up at Runners Depot on March. 6th from 10:00am -5:00pm or at the event on race day starting at 6:30am.

Send All Race Entries To: 

Runner's Depot of Vero Beach:

436 21st Street, Vero Beach, FL 32960

Any Questions? Call: 772.569.7364 or E-mail: runnersdepot@comcast.net

ENTRY FORM **Please Print Legibly:** Make checks payable to: **The Wabasso School**

PAYMENT AMOUNT: \$ _____ **DONATION AMOUNT:** \$ _____ **TOTAL:** \$ _____

NAME: _____ **SEX:** M / F **RACE DAY AGE:** _____

ADDRESS: _____ **CITY & STATE:** _____

ZIP CODE: _____ **PHONE:** _____ **E-MAIL:** _____

UNISEX T-SHIRT SIZE:(please circle one) **S** **M** **L** **XL** **XXL**

By signing of the application, I, for myself, my executors, administrators and assigns, do hereby discharge and release Indian River County School District, The Wabasso School, Runner's Depot of Vero Beach and all cooperating businesses and organizations from all claims of damages, actions and whatsoever, in any manner arising or growing out of my participation or that of my child in this event. I also give my full permission to use my name and photograph in connection with this event.

Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____