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# PRESENTS THE 2017 PASCO CHALLENGE March 11, 2017

JB Starkey Wilderness Park, 10500 Wilderness Park Blvd, New Port Richey 34655

Registration begins at 6:30 AM - 7:30 AM

Starting Times: **Bike Tour** - 7:45 AM (will start at Kiosk), **½ Marathon** - 8:00 AM, **10K** - 8:15 AM, **5K** - 8:30 AM, **1 Mile Walk/Fun Run** – right after 5K

**RATES** (Includes \$2 parking fee levied by Pasco County Park): **5K** - \$40.00, **1 Mile Walk & Bike Tour** - \$20.00, **10K** - \$45.00, **Half Marathon** - \$65

**5K TEAM RATE** (Min. 10 entries) \$35.00 person      **1 Mile Walk Team Rate** (Min. 10 entries) \$15.00 person

**Registration Form (Please Print Clearly)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Running / Cycling Club \_\_\_\_\_

How did you hear about Pasco Challenge? \_\_\_\_\_

Circle Event:    ½ Marathon    5K    10K    1 Mile Walk/Fun Run    Bike Tour

Circle Shirt Size:    S    M    L    XL    XXL    (guaranteed if registered by 2/8/2017)

**Participant T-shirt while supplies last. T-shirt size guaranteed by February 8<sup>th</sup> pre-registration deadline.**

**NO REFUND**

In consideration of this entry, I, for myself, my heirs, devisees, executors, administrators, and assigns hereby waive, release and discharge any and all claims against, Alzheimer's Family Organization, organizations, sponsoring or conducting this event or their employees, representatives, or successors, for any and all damage or injuries I may suffer. I certify that I have represented my application for entry that my physical condition and training for this event is adequate to participate safely and I acknowledge that I am familiar with the distances, rigors and risk of the events involved. If I should suffer injury or illness, I authorize the official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this. I hereby grant permission for the use of my name and picture in any broadcast, brochure, or account of this event.

•**Signature** \_\_\_\_\_

(Parent or Guardian if under 18 years old)

Date

Please make checks payable & mail to  
Alzheimer's Family Organization, Inc.  
461 Mariner Blvd., Spring Hill, FL 34609

Pay online: [alzfamily.org/runwalkbike](http://alzfamily.org/runwalkbike)

By phone: 352-616-0170

Fax form to 352-616-0174

