



27th ANNUAL ED ROOT MEMORIAL 10K RUN / 5K FUN RUN

10K USATF Certified Course #FL06062DL
5K USATF Certified Course #FL06061DL

WHEN: SATURDAY, DECEMBER 4, 2010 @ 8:00 A.M.

WHERE: MEET AT CORONADO CIVIC CENTER LOCATED AT THE CORNER OF PINE AND FLAGLER
(223 Flagler Ave, New Smyrna Beach, 32169)

ENTRY FEE: **10K** - \$25 REGISTRATION / \$30 DAY OF RACE
5K - \$20 REGISTRATION / \$25 DAY OF RACE
STUDENTS - 5K or 10K - \$15 / \$20 DAY OF RACE
KIDDIE RUN IS FREE AND IS NOT TIMED

REGISTER: PARKS & RECREATION DEPARTMENT, 1000 LIVE OAK STREET

MAIL TO: PARKS & RECREATION, ATTN: ED ROOT RUN
210 SAMS AVE, NEW SMYRNA BEACH, FLORIDA 32168

RACE DAY: 7:00 TO 7:30 A.M. AT THE RACE SITE – RACE STARTS PROMPTLY AT 8:00 A.M.
MAKE CHECKS PAYABLE TO CITY OF NEW SMYRNA BEACH

AWARDS: ONLY PRE-REGISTERED RUNNERS ARE GUARANTEED TO RECEIVE A LONG SLEEVE T-SHIRT.
10K RUNNERS MAY RECEIVE AWARDS IN THE FOLLOWING CATEGORIES: OVERALL, MASTERS, GRAND MASTERS
AND THE TOP THREE FINISHERS IN 14 CATEGORIES FOR MALE AND 14 CATEGORIES FOR FEMALE.

SCORING: RFID CHIP TIMING WILL BE USED. RESULTS WILL BE AVAILABLE AT www.RaceSmith.com

**ENTRIES AVAILABLE AT THE NEW SMYRNA BEACH RECREATION
DEPARTMENT OR CALL 386-424-2175**

GRAND PRIX: Ed Root Memorial Run is proud to be a charter member with the Daytona Area Grand Prix, www.daytonaareagrandprix.com

FOR MORE INFO ON THE GRAND PRIX: CONTACT JERRY LARDINOIS AT 386-308-6454 or glardinois@cfl.rr.com

**SPONSORED BY THE CITY OF NEW SMYRNA BEACH
MCLEOD ORTHOPEDIC**

2010 ED ROOT 10K / 5K ENTRY FORM

NAME _____

GENDER: M _____ F _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

E-MAIL ADDRESS _____

AGE (on Dec. 3, 2010) _____

ADULT SHIRT SIZE: SM _____ MED _____ L _____ XL _____ XXL _____ YOUTH LARGE _____ **CIRCLE ONE: 10K / 5K**

I WISH TO BE ALLOWED TO PARTICIPATE IN THE ED ROOT 10K / 5K RUN. I UNDERSTAND THAT THE CITY OF NEW SMYRNA BEACH OR ITS SPONSORS DO NOT CARRY MEDICAL OR LIABILITY INSURANCE AND WILL NOT BE LIABLE FOR ANY INJURY SUFFERED BY ME UNLESS THE CITY DIRECTLY CAUSES THE INJURY. IF I SHOULD SUFFER AN INJURY OR ILLNESS, I AUTHORIZE THE RACE OFFICIALS TO USE THEIR DISCRETION TO HAVE ME TRANSPORTED TO A MEDICAL FACILITY. I CERTIFY THAT I HAVE PROPERLY TRAINED FOR THIS EVENT.

DATE _____

SIGNATURE (PARENT OR LEGAL GUARDIAN IF UNDER 18) _____