**Bluebird Run for Brookie B**

**5K run/walk and 1 mile f u n run/walk**

## T-Shirts:

Participants who sign up for T-shirts must

register by Monday, August 24, 2015 to be guaranteed T-shirt.

## Packet Pick-Up

Pre-race pick up of race number and T-shirt at Capital City Runners,

## Date & Time

**Monday,September 7, 2015** 5K Run/Walk - 7:30 a.m. Start

1M Fun Run/Walk - 8 a.m.

## Registration

For easy online registration visit

## Location:

J R Alford Greenway

South end of Pedrick Road

Tallahassee, FL 32317

1817 Thomasville Road #510, Tallahassee, Friday, September 4

3:00 p.m. to 7:00 p.m. Packets will be available on race day from 6:30 a.m. to 7:30 a.m. at the event.

## Awards and Timing

Awards are given to first three finishers male and female for overall and masters.

[www.bluebirdrun.com.](http://www.bluebirdrun.com.)

ONLINE REGISTRATION CLOSES AT MIDNIGHT MONDAY, AUGUST 31, 2015

Mail in completed entry form by August 31 to:

Bluebird Run for Brookie B

NAMI Tallahassee

PO Box 14842

Tallahassee, FL 32317

***Make all checks payable to:***

***NAMI Tallahassee***

## Entry Fees:

*(all entry fees are non-refundable/ nontransferable)*

## 5K run/walk (chip timing)

$20 thru Thursday, August 27, 2015 ($15 without a shirt)

$25 day of race –cash, check, credit card - shirt if available

## 1 Mile fun run/walk

$10 thru Thursday, August 27, 2015 (Free without a shirt)

$15 Day of Race – cash, check, credit card–shirt if available

## Day of Event Registration opens 6:45 am

Age group awards are given 3 deep to each male

and female in the following categories: 14 and Under, 15-19, 20-24,

25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over.

This event will be timed by Miles and Minutes LLC with a disposable chip on bib system.

## Beneficiary

This event is being done in the memory of Brook Bowers. Proceeds will benefit the suicide awareness and prevention efforts of NAMI Tallahassee, an affiliate of the National Alliance for Mental Illness.

## Restrictions: this is an off-road course

For safety reasons, in-line skates, skateboards, and dogs will not be allowed on the race course. Baby joggers and strollers are welcome but must start at the back of the starting corral.

## Team Registration

## Register you and 3 friends as a team!

Teams must have a minimum of 4 members. Top 4 team members are scored for team time.

Individual results will be posted for all team members.

## Team Categories:

All Male, All Female, or Co-ed. Co-ed must have at least 2 females. ALL Teams MUST Pre-Register. NO day of event team registration.

**2015 Bluebird Run for Brookie B**

**5K run/walk and**

**1 mile fun run/walk**

**Please check one:**

**5K Run/Walk**

**1 Mile Fun Run/Walk**

OFFICIAL USE ONLY

Last Name First Name Date of Birth (mm/dd/yy) Age

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Address (street) Apt/Suite # Male Female

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Shirt Size: No Shirt Adult Unisex City

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Zip Code

Method of Payment

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**Bluebirdrun.com**

Cash Check **Amount Enclosed**

Phone

State

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Email Address

**Team Registration** (minimum 4 to have a team)

# All Male All Female Co-Ed Team Name:

**Mail completed entry form to:** Bluebird Run for Brookie B, NAMI Tallahassee, PO Box 14842, Tallahassee, FL 32317

## All Checks Payable to: NAMI Tallahassee

**INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED.** By indicating your acceptance, you understand, agree, warrant and covenant as follows: As a condition of my entry being accepted I intend to be legally bound and do hereby for myself, my heirs, and executors, waive and release all rights and claims for damages which may hereafter occur to me against Bluebird Run for Brookie B and its sponsors, the Brookie B Fund, Bill and Mary Bowers, NAMI Tallahassee, and event volunteers

Event Beneficiaries and their agents, representatives, successors, assignees, and sponsors from any and all claims or liability of any kind that may arise from my participation in the this 5K event, even though that liability may arise out of negligence or carelessness on the part of the releasees. 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 responsibility for this action. I attest that I am physically fit and hereby grant full permission to any and all of the foregoing to use photographs, video tape, motions pictures, recordings, or any other record of this event, with my likeness for any purpose whatsoever. I also understand that by registering for this event I may receive notification about future events via the information I provide. I AM OF LEGAL AGE AND I HAVE READ AND UNDERSTAND THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING

THIS EVENT AT MY OWN RISK.

**Signature Required Parent or Guardian Signature required if under 18 years of age**