



Mail entire form to,  
 Elite Events  
 2430 Vanderbilt Beach RD  
 Suite 108-376  
 Naples, FL 34109

For info on each event,  
 Visit: EliteEvents.org

Register for a single event or multiple by placing an X in the column next to the event.

X	Entry	Date	Event Name			
	\$	2/18	Paradise Coast	\$35 5k	\$79 Half Marathon	Circle One
	\$	3/25	Sunrise	\$35 5k	\$79 Half Marathon	Circle One
	\$35	6/9	Sugden Stride 5k			
	\$35	7/4	USA Independence Day 5k			
	\$35	7/28	Eagle Lakes 5k			
	\$35	8/25	North Collier Regional Rampage 5k			
	\$59	10/21	Rocktoberfest 10 Miler			
	\$	11/18	Fall Classic	\$35 5k	\$79 Half Marathon	Circle One
	\$35	11/22	Thanksgiving Day 5k			
	\$39	12/08	Sarasota Christmas Glow Run 5k			
	\$	12/09	Florida West Coast	\$35 5k	\$79 Half Marathon	Circle One
	\$39	12/15	Naples Christmas Glow Run 5k			
	\$89	12/16	Christmas Sprint	Triathlon	Duathlon	Circle One
	\$96		Summer 5k Series - Sugden Stride 5k, Eagle Lakes 5k, Rampage 5k			
			Other:			

\$		<b>Total</b> Add up entry price for selected events. Make checks payable to Elite Events.
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First Name											Birth Date	
Last Name											USAT #	*Triathlon/Duathlon Only Add \$15 for 1 Day License if you don't have a valid membership

Age		Sex	M	F	Shirt Size	S	M	L	XL	Email Address	
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Address		Phone Number	( _____ ) _____ - _____
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City		State		Zip Code	
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In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the Elite Events Races event. 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 financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other record of this event for any purpose of the event whatsoever. I understand that no refunds will be given and that a race can be cancelled or postponed for any reason without refund. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

\_\_\_\_\_/\_\_\_\_\_/2017  
*Signature* (Parent if under 18) Date