



October 27, 2018

Lee Civic Center
11831 Bayshore Road, Fort Myers, FL 33917

All runners registered by October 6 will be guaranteed a shirt.

AWARDS-

Male & Female - Overall, Male & Female - Masters (40 & OVER), Grand Master (50 & OVER), Senior Grand Master (60 & OVER)

Age Group Awards - Male & Female - (top 3 for each)

11 & under, 12 - 15, 16 - 19, 20 - 24, 25 - 29, 30 - 34,
35 - 39, 40 - 44, 45 - 50, 50 - 54, 55 - 59, 60 - 64, 65 - 69, 70+



5k race location: Jim Jeffers Park • 2817 S.W. 3rd Lane, Cape Coral, FL 33991

Registration: 6:30 a.m.
5k Race: 7:30 a.m.
Kids Fun Run After 5k
Awards to follow

FEES	Before Oct. 27	RACE DAY October 27
Adult (18+)	\$25	\$30
Youth (17 & under)	\$20	\$25
Kids Fun Run	\$15	\$20

For race information email: 5k@lcec.net • Phone: 239-656-2380

<https://uw.lcec.net/SitePages/5k.aspx>

REGISTRATION



RUNNER 1 Male Female

Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Birth Date _____ Age _____

FEES	Before Oct. 27	RACE DAY October 27
Adult (18+)	\$25	\$30
Youth (17 & under)	\$20	\$25
Kids Fun Run	\$15	\$20

Shirt Size:

5k: x-small small med lg xl xxl

Waiver/Release Must be Signed Before Mailing:

In signing this release, I for myself, my heirs, executors and administrators forever release LCEC and all sponsors of the 5k and their respective directors, officers, employees and agents, of all claims of damage, injury demands, and actions whatsoever in a manner arising from my participation in this athletic event. I attest and verify that I have full knowledge of all risks involved in this event and am physically fit and sufficiently trained to participate. I grant permission for photos and other records of this event to be used to further the cause.

Signature _____ Date _____

Signature (parent or guardian if under 18) _____ Date _____

RUNNER 2 Male Female

Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Birth Date _____ Age _____

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Kids Fun Run	\$15	\$20

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Signature _____ Date _____

Signature (parent or guardian if under 18) _____ Date _____

**PACKET PICKUP: SATURDAY,
OCTOBER 27**

REGISTER BY MAIL:

PAYMENT- Make checks payable to LCEC/UW 5k • P.O. Box 3455, N. Ft. Myers, FL 33918

CHECK METHOD OF PAYMENT

- Check enclosed. Please make check payable to LCEC/UW5k
- I would like to do LCEC employee payroll deduction, Emp. # _____
- Please contact me so I can pay by credit card (fees apply).

In the event of severe weather, please consider your registration as a donation.

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