



Soaring To Make A Difference
5K Run/Walk
November 12, 2011

Soaring to Make a Difference is an Eagle Scout project. All proceeds will benefit the Child Life Program at Arnold Palmer Hospital for Children, Orlando. The Child Life Program aims to help children understand and cope with the hospital stay and make hospitalization a positive and less stressful experience for all.



Where: New Max K. Rodes Park
West Melbourne

Time: Registration 7:00 –8:00 am
Race starts at 8:15 am

Pre-register by: November 5, 2011

Entry fees:
•\$20.00 in advance \$25.00 on race day
•Kids (13 & under) \$15.00 in advance \$20.00 on race day
T-shirts guaranteed to all pre-registered participants
Race will be held rain or shine. No refunds
Refreshments provided after race

Trophies will be given out to the Overall Male & Female winners. Medals will be given to the top 3 Male and Female finishers in each of the following age categories:

	13 & under		Raffle
	14 - 19		Baskets
	20 - 29		
	30 - 39		
	40 - 49		
	50 - 59		
	60+		50/50

Donations are welcomed as well on Race Day. Below are some suggestions:

- For Infants/Toddlers:** clothes, light up/music toys, and blankets
- For Children:** Arts and Crafts materials i.e. crayons, markers, construction paper, Elmer's glue, play dough, coloring books and children's scissors
- For Teens:** Books, magazines, word searches, and gift cards

For more information or to register, contact Joseph Marquis at 321-794-3720 or info@eagle5kproject.com

(Return portion below with payment please make checks payable to Eagle 5K. Or register on-line at www.eagle5kproject.com

Name _____

Address _____

Phone _____

T-shirt Size: S M L XL XXL: Sex: M F

Age on race day _____

Waiver: By signing of the application, I for myself, my executors, administrators and assigns, do hereby discharge and release Eagle 5K and all cooperating businesses and organizations from all claims of damages, actions and whatsoever, in any manner arising or growing out of my participation or that of my child in this event. I also give my full permission to use my name and photograph in connection with this event.

E-mail _____

Signature _____ Date _____

Mail form and entry fee to:

Joseph Marquis
Eagle 5K
164 Coral Way East Indialantic, FL 32903

Signature of parent or guardian if under 18 years of age. _____ Date _____