



Saturday, March 7, 2009

8:00 AM • 5K

9:00 AM • 1M

Nocatee Town Center

### Entry Fees

Until February 27th \$17.00  
 Feb. 28th-March 6th \$20.00  
 Day of Race \$25.00

1 Mile is \$12.00 at all times

Children under 13 and senior citizens over 64 pay \$12.00

Make your check payable to 1st Place Sports Running Club and mail to:

Nocatee Trailblazer Run  
 3931 Baymeadows Road  
 Jacksonville, FL 32217

**Sorry! No Refunds!**

You can also register on the internet at [www.1stplacesports.com](http://www.1stplacesports.com).

### Packet Pickup

Be sure and check the box on the entry form where you plan to pick up your packet. Packets will be available at the following 1st Place Sports locations on Thursday, March 5th from 10:00 AM-6:00 PM and Friday, March 6th from 10:00 AM-6:00 PM.

- 3931 Baymeadows Road, Jacksonville, FL 32217
- 2016 San Marco Blvd., Jacksonville, FL 32207
- 424 South Third Street, Jacksonville Beach, FL 32250
- 550-7 Wells Road, Orange Park, FL 32073

You can register during packet pickup hours. Packets will also be available at the starting line beginning at 6:30 AM on race day.

### Awards

Awards will be presented to the top three men and women overall and to the top master male and female finisher. Age group awards will be presented to the top three finishers in each of the following male and female age groups as follows: 10 and under, 11-13, 14-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69 and 70 & over.

### The Course

The Nocatee Trail Blazer Run is a 5K run/walk on the roads in the new Nocatee Community. The course will take you along Crosswater Parkway and Preservation Trail and will finish with the last half mile on the Nocatee trail system. There will be a one mile run starting from the finish of the 5K at 9 AM.

|   |                      |   |                      |   |                      |                      |                      |  |                             |                      |                      |
|---|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|--|-----------------------------|----------------------|----------------------|
| <b>Nocatee Trail Blazer Run</b>   |                      | Please indicate where you plan to pick up your race packet: |                      | <input type="checkbox"/> Baymeadows <input type="checkbox"/> Jax Beach <input type="checkbox"/> Orange Park <input type="checkbox"/> San Marco <input type="checkbox"/> Day of Race |                      |                      |                      |  | Official Use Only           |                      |                      |
| OFFICIAL ENTRY FORM   |                      |   |                      |   |                      |                      |                      |  |                             |                      |                      |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                      |   |                      |   |                      |                      |                      |  |                             |                      |                      |
| First Name  |                      | Last Name   |                      |   |                      |                      |                      | Your Personal ChampionChip #   |                             |                      |                      |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| Age on Race Day   | Sex                  | T-shirt Size  | Child's L            | Email Address   |                      |                      |                      | Check One  |                             |                      |                      |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>  |                      |                      |                      | <input type="checkbox"/> 5K  | <input type="checkbox"/> 1M |                      |                      |
| Street Address  |                      |   |                      |   |                      |                      |                      |  |                             | Apt. #               |                      |
| <input type="text"/>  |                      |   |                      |   |                      |                      |                      |  |                             | <input type="text"/> |                      |
| City  |                      |   |                      | State   |                      | Zipcode              |                      |  |                             | Entry Fee \$ _____   |                      |
| <input type="text"/>  |                      |   |                      | <input type="text"/>  |                      | <input type="text"/> |                      |  |                             | Chip Owner \$ _____  |                      |
| Telephone Number  |                      |   |                      | Method of Payment:  |                      |                      |                      | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit |                             |                      |                      |
| <input type="text"/>  |                      |   |                      | <input type="checkbox"/>  |                      |                      |                      | AMOUNT PAID WITH ENTRY \$ _____  |                             |                      |                      |
| Make Checks Payable and mail to: 1st Place Sports Running Club, 3931 Baymeadows Road, Jacksonville, FL 32217  |                      |   |                      |   |                      |                      |                      |  |                             |                      |                      |
| I know that running a road race is a potentially hazardous activity which could cause injury or death. I should not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road. I also understand that in the event that this race has to be cancelled for any reason beyond the control of race management that my entry fee will not be refunded. All such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race. I also understand that I must return by ChampionChip transponder or I will be billed \$30.00 as replacement cost. I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Organizers of this event and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. |                      |   |                      |   |                      |                      |                      |  |                             |                      |                      |
| Please Sign Here (Parent must sign if participant is under 18 years of age)   |                      |   |                      |   |                      |                      |                      |  |                             | Date Signed          |                      |