*We are proud to present the 3rd Annual **Sally's Friends** Fun Run/Walk with proceeds to benefit Sally's House, a long term residential recovery home for women and their children on:*

# SATURDAY, MARCH 10, 2012 AT 7:30 AM

## Gleason Park in Indian Harbour Beach

www.sallysfriends.org

TIMETABLE:

Friday, March 9th – 10:00 am – 6:30 pm
Packet Pickup & Registration at Running Zone across from Wickham BCC Pavilion

Saturday, March 10th – Gleason Park

| | |
|---|---|
| 6:30 am | Packet Pickup & Registration |
| 7:15 am | Late Registration for 5k ends |
| 7:30 am | 5k Start!!! |
| 8:30 am | Free Kid's Fun Run |

*Awards Ceremony immediately following all races
*Race Directorship provided by Running Zone

Awards for top 3 Male and Female in the following age groups and top 3 overall winners will be given:

8 & Under, 9 – 11, 12- 14, 15 – 19, 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 49, 50 – 54, 55 – 59, 60 – 64, 65 – 69, 70 – 74, 75+

| FEES: | Until 3/9 | Race Day |
|---|---|---|
| 5K Run/Walk | $25.00 | $30.00 |
| Students* | $18.00 | $20.00 |

* under 18

## Sally's Friends 5K Fun Run/Walk OFFICIAL ENTRY FORM

Make check payable to: **Sally's Friends** and send completed entry form with fee to PREVENT! of Brevard, 1948 Pineapple Road, Melbourne, FL 32935

Name_____
Address _____
City _____ State _____ Zip _____
Phone (daytime) _____ Email address _____
Sex: ☐ Male ☐ Female Date of Birth _____/_____/_____ Age on Race Day _____
Please check shirt size: Sizes: ☐XS ☐S ☐M ☐L ☐XL ☐XXL

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

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 **Sally's Friends** 5k Fun Run/Walk. 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 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.

_____ _____ _____

SIGNATURE SIGNATURE OF PARENT FOR THOSE UNDER 18 DATE

PREVENT! of Brevard, Inc.
Providing Comprehensive Prevention, Intervention, Treatment & Support Services