SUNDAY March 4, 2011
5k START 8:00am 1m START 9:00am

COURSE DETAILS - The 5k is a 1 loop course with the start/finish at the Spotsylvania Village Pavilion running you by the courthouse and Historic Cemetery. The 1m run is a portion of the 5k course. All 1 mile runners need to be 12 years old or younger.

AWARDS –

5k We have top 3 finishers in the following age groups for both male and female: Overall, 6&u, 7-10, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+.

1m run – top 3 finishers for both boys and girls: 6&u, 7-8, 9-10, 11-12.

T SHIRTS - All runners registered *PRIOR TO FEB 13th* are guaranteed a t-shirt. After the 13th and on race day, shirts are NOT guaranteed.

CHIP TIMING - Race Timing Unlimited will be timing the event.

PACKET PICK UP – will be at the Fieldhouse Sat March 3th from 10-6 or at the race site Sun March 4th

REGISTRATION DETAILS

OR register in person at the FASA office in the Fieldhouse

COST: 5k $20 before 2/13; $25 2/14 through race day
1m $15 before 2/13; $18 2/14 through race day
REGISTER AT: www.racetimingunlimited.org
MAIL IN TO: FASA 3411 Shannon Park Dr Suite 102
Fredericksburg, VA 22408

TEAM CHALLENGE – we have awards for the top 3 teams in the categories of U12 & under and U13 & over. For the full details and rules of the team challenge go to www.fasasoccer.org

~~~~~~

REGISTRATION FORM ~ FASA RUN for the DREAM 5k/1m March 4, 2011 ~ 8:00am 5k START; 9:00am 1m START

REGISTERING FOR ___5k ___1m

Date of Birth (mm-dd-yy) **Age** **M/F** **E-Mail Address**

FEES BEFORE 2/13: 5k - $20; 1m - $15
2/14 through race day:5k - $25; 1m - $18

T SHIRT SIZE YOUTH S M L
ADULT S M L XL XXL

Last Name (ie Smith) **Phone**

How should name appear in results? (ie John Smith)

Address

City **State** **Zip Code**

TEAM CHALLENGE age division _____
Team name _____

In consideration of the foregoing, I for myself, executors and administrators, waive and release any and all rights and claims for damages I may have against Race Timing Unlimited and FASA, and any and all sponsors or supporters, actions whatsoever in any manner as a result of me or my child's participation in this event and that my medical condition to do so has been verified by a licensed medical doctor. Further, I grant full permission to any and all of the foregoing to use me or my child's likeness for any further publicity or advertising. I have read the above conditions and accept them as shown by my signature.

_____ Date
Signature (Parent if under 18)

Make checks payable to: FASA
Mail to: FASA 3411 Shannon Park Dr Suite 102
Fredericksburg, VA 22408
~~~~~~