

1st ANNUAL FARIAS 5K

BUNNY RUN/WALK AND 1 MILE BUNNY CHASE



BENEFITING BEXAR COUNTY EMERGENCY SCENE REHAB

Saturday, March 20, 2010 • 8:00 AM

Harlandale Memorial Stadium - 4002 Roosevelt Ave., San Antonio, TX 78214

EVENT TIMES

8:00am - 1 Mile Bunny Chase
8:30am - 5K Bunny Run

AWARDS

5K only. 1st through 3rd, Male and Female, from ages 14 & under and every 5 years to 70 & over
Top Masters Male & Female

REGISTRATION

Online @ www.active.com and www.iaapweb.com
In person Monday-Friday 10:00am - 12:00pm
& 1:00pm - 5:00pm @ Joe Farias District Office
660 SW Military Dr Ste. L, San Antonio, TX 78221

PACKET PICK-UP

Thursday, March 18th from 4:00pm - 9:00pm
& Friday, March 19th from 4:00pm - 7:00pm
Shopper's City Mall (across from H-E-B)
660 SW Military Dr., San Antonio, TX 78221
inside the conference room

RACE-DAY REGISTRATION

6:30am - 8:15am at race site

FEATURES

Toys collected will be donated to children
in the Bexar County Hospital during Easter

Name _____ Gender M F Date of Birth ____/____/____
first last

Age on Race Day _____ Address _____

City _____ State _____ Zip _____ Phone _____ Email _____

How did you hear about the Farias 5K Run? _____

5K Bunny Run – \$20 until March 19; \$25 on race day \$ _____

1 Mile Bunny Chase – **FREE with a toy donation**

T-SHIRT SIZE S M L XL XXL 3X

In consideration of the acceptance of this registration entry, I assume full and complete responsibility for any injury or accident which may occur during my participation in this race or while on the premises of this event; and I hereby release and hold harmless the sponsors, promoters, and all other persons and entities associated with this event from any and all injury or damage, whether it be caused by negligence of the sponsors or promoters or other persons or entities associated with this event or their agents of employees or otherwise. I grant full permission to any and all of the foregoing to use my (and my child's) name, or photographs, videos, and other recordings of participation in this event, without obligation or liability to me (and my child). I have read this agreement carefully, and understand it, and certify my agreement by my signature below.

Make checks payable to:
B.C.E.S.R.
memo: Easter

Mail to:
Farias 5K
P.O. Box 14505
San Antonio, TX 78214

Signature _____ Date _____
(Parent signature if under 18)

For more information call Joey Farias: 210.262.0776, e-mail: joey@joefarias.com or log on to www.bexarcountyrehab.org