

# FAMILIES FOR AUTISM SUPPORT AND AWARENESS

*Date: Sunday September 19, 2010*

**Time: 7:30 AM**

**Location: 2400 San Bernardo  
Laredo, Texas**

**Registration Info:**

**Early Registration: \$30**

**After September 12: \$35**

**Race Day Registration: \$40 (6:30am-7am)**



**Packet Pickup and Late Registration:**

**Saturday September 18**

**4-8 PM**

**Laredo Civic Center  
2400 San Bernardo**

**On Line Registration: [www.laredoroadrunners.com](http://www.laredoroadrunners.com)**

**Mail Entry Form Deadline: September 12**

**Las Lomitas 15K**

**P.O. Box 450882**

**Laredo, Texas 78045-0021**

**Checks made payable to: Las Lomitas 15K**

**Trophies for Men and Women**

**14 and under**

**15-19 20-29 30-39 40-49 50-59 60+**

*Prize Reward*

**Overall Male and Female**

**1<sup>st</sup> Place \$150 each**

**2<sup>nd</sup> Place \$100 each**

**3<sup>rd</sup> Place \$50 each**

**On Site Registration also available at Laredo Ciclo Mania 7913 McPherson Ste 104 Laredo, Texas (956)717-1660**

**Race Director: Janie Gonzalez (956)337-3234 email: [laredoroadrunners@stx.rr.com](mailto:laredoroadrunners@stx.rr.com)**

**Additional race information available at [www.laredoroadrunners.com](http://www.laredoroadrunners.com)**

**Participant Information:**

Bib # \_\_\_\_\_

*Official Use Only*

**Shirt Size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large**

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City State**

\_\_\_\_\_  
**Zip Code**

(\_\_\_\_) \_\_\_\_\_  
**Phone**

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 hereby release and hold harmless the sponsors, 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 photograph, video's 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's signature if under 18**



[www.ciclomanialaredo.com](http://www.ciclomanialaredo.com)