FEAT of Washington

Mailing Address
P.O. Box 6159
Tel: 425.223.5126

www.featwa.org

South Sound committee E-mail:
featwa@featwa.org

Families for Effective Autism Treatment of Washington (FEAT-WA) provides families with hope and guidance to help their children with autism reach their full potential.

FEAT-WA offers many services and programs throughout the Puget Sound Region.

Family Resources and Services available include:

- Saturday Recreation Program for children 4-12years
- Summer Intervention Program for kids pre-k—6th grade
- Experience Teen Learning Project
- Family Mentoring
- Resource Guide
- *LISTSERV* to allow parents to network
- Social and networking opportunities
- Speaker Series

You can help us reach families and improve children's lives. 100% of the proceeds from this event will be used to grow and expand FEAT's programs. Want to learn more about FEAT? Contact us today!

MVP PHYSICAL THERAPY
Orthopedic • Work • Sports

Event Sponsors

South Sound Running

Puget Sound Orthopaedics
a division of proliance surgeons

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Databar Events!

Tacoma Tide Football Club

MVP FIT

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Trader Joe's

What we achieved since 2007-
Thanks to you and our proud sponsors, we have been able to raise $15,000. We are proud to announce that 100% of all profits are donated.

Saturday April 28th 2012
Tacoma, WA

Presented by

FEAT of Washington — Families for Effective Autism Treatment

MVP PHYSICAL THERAPY
Orthopedic • Work • Sports

- Raise money to combat Autism!
- Put your fitness to the test!
- Free microfiber runner's shirt to the first 300 registered participants!
- Activities for kids, including 1k Kids Dash!

This event is sanctioned by USATF

About Autism:

Autism is a general term used to describe a group of complex Neurodevelopmental disorders known as Autism Spectrum Disorders (ASD). It is estimated that 1 in 110 children (1 out of 70 boys) is diagnosed with autism, making it more common than childhood cancer, juvenile diabetes and pediatric AIDS combined.

Unable to learn naturally from the environment as most children do, a child with autism shows little interest in the world or people around him/her. While all children with autism develop some normal and even advanced skills, they exhibit a wide range of behavioral deficiencies and excesses.

Autism occurs in children from all racial, geographical and socioeconomic backgrounds. Though there is no cure yet for autism, although there is hope through early intervention and therapy.

Combating Autism:

Proceeds from the Spring Forward Run & Walk will be donated to FEAT (Families for Effective Autism Treatment) of Washington, www.featwa.org

Location/Route:

USATF certified 5K distance! Race will start and finish at Stadium High School Bowl, make its way through Stadium District to Old Town, and then back through the Stadium District. Stadium High School, 111 N. E Street, Tacoma, WA 98403.

Race Schedule:

8:00—8:45	Day of Race Registration
8:00—11:00	Silent Auction & purchase raffle tickets
9:00	Start 5K Run/Walk
9:20—11:00	Post-Race Festivities (Face Painting, Balloon Artist, Bouncy House, Massage Treatment, Food, Music and more!)
10:15	Kids Dash
10:30	Award Ceremony
11:00	Silent Auction Winners & Raffles

Shirts:

ASICS technical microfiber© running jersey. Although every effort will be made to provide all participants a running shirt, only the first 250 registered participants are guaranteed.

Kids Dash:

Children under 10 are eligible to participate in the Kids Dash. It will start after the completion of the 5K. Length is one lap around the Stadium Bowl. Participation is FREE.

Awards:

Cash Prizes for top 3 **overall** male and female finishers. Prizes will go to the top 3 finishers in each of the following Male and Female age ranges: 0-18, 19-39, 40-49, 50-59 & 60+

Raffle & Silent Auction:

Raffle: All registered participants are eligible for a chance to win prizes. This year's prizes include: running shoes from South Sound Running, Performance Training Sessions with MVP FIT and CATZ Performance Training Studios, 1 Hour Massage,

Silent Auction: A variety of items, including sports memorabilia, gift certificates and other items will be offered at our Silent Auction from 8am until about 11:00am.

Contact & Registration:

Aaron Edgley - 253.759.4036 - SpringForwardRun@yahoo.com

1. Registration Online: (Last day, April 26th, 2012)
www.databarevents.com/springforward5k.asp

2. Registration by mail: Entries must be postmarked by April 23rd, 2012. Mail entry form with check or money order payable to "Spring Forward Run" to:

MVP Physical Therapy—Spring Forward Run
1804 W. Union Ave, Suite 101
Tacoma, WA 98405

3. Registration in person: (Last day April 26th, 2012)
- All MVP Locations (Fircrest, Tacoma, Lakewood, Puyallup, Tukwila, Sumner, Federal Way, Port Orchard, Fife, Bremerton & Lacey)

- South Sound Running
1736 Pacific Ave, Tacoma WA
Phone: 253.593.8786 - M-F 10-7, Sa 10-5, Su 12-5

Form:

Last Name	
First Name	
Gender	
Age	
Street Address	
City, State, Zip	
Phone	
E-mail	

Shirt Size (in men's): ☐ XXS ☐ XS ☐ S ☐ M ☐ L ☐ XL

Registration Fees:

☐ Early Registration - $25 (by Mar 26th, 2012)

☐ Normal Registration - $30

☐ I would like to sponsor a runner to participate- $30

☐ I would like to donate $_____ to FEAT

Total: $_____

Race packets available for pick up April 26 - 27th at:

1. MVP Physical Therapy - Tacoma
   1804 W. Union Ave, Ste 101, Tacoma WA
2. South Sound Running
   1736 Pacific Ave, Tacoma WA

Waiver & Release: In consideration of the acceptance of my entry, for myself, and my heirs, and assigns, intending to be legally bound, do hereby waive and release any and all rights and claims for damages that I may have against the City of Tacoma, MVP Physical Therapy and any other event organizers, volunteers, agents, and co-sponsoring groups as a result of my participation in this event. I verify that I have full knowledge of the risks involved and I attest that I am physically fit and sufficiently trained to participate in this race. Further, I hereby grant full permission to MVP Physical Therapy to use any names, photographs, videotapes, motion pictures, recordings, or any record of this event for any legitimate or marketing purpose.

Participant's Signature:

_____ Date___/___/_____

Parent signature (if under 18): This is to certify that my child has permission to compete in this event, is in good physical condition, and that event officials may authorize necessary emergency treatment.

Parent's Signature:

_____ Date___/___/_____