

The 2010 Hare Racing Experience

The 18th Annual Family Event Benefiting The Epilepsy Services Foundation, Inc.
Saturday, April 3, 2010

University of South Florida – Athletic Fields, 4202 East Fowler Avenue, Tampa, FL. 33620-8620

DISTANCES/RACE: Certified Course - Steep hills eliminated!!!
DIRECTIONS

Certified 5K Run/Walk "Off-Road Race" (Start at 8:00 a.m.), 1 Mile Run/Walk (Start at 8:45 a.m.), Fun Runs for kids 6 & under (Start at 9:15 a.m.)

Take I-275 to Fowler Ave. Go east to 50th Street and turn left. Proceed for 1/4 mile and turn left onto Elm Street. Proceed until you come to the Athletic Department Building. Parking is behind the building. OR Take I-75 to Fowler Ave. Go west to 50th Street and turn right. Proceed for 1/4 mile and turn left onto Elm Street. Proceed until you come to the Athletic Department Building. Parking is behind the building.

AWARDS

5K: Overall Male/Female & Overall Male/Female Masters (40 & Up) & top three Male/Female in each standard age groups (9 & under to 75+)

1 Mile: Presented to kids top three: 5 & under, 6-7 & 8-9.

- * Custom designed T-shirt guaranteed only to pre-registered participants
- * Post-race food, beverages and runner & family-oriented booths
- * Visit with Ronald McDonald and The Easter Bunny
- * Raffle prizes for children & adults

RACE PARTY

SPONSORS

GOLD

- AXA Advisors
- Bayfront Institute of Neurosciences
- DoubleTree Guest Suites – Tampa

Bay

- Embassy Suites – Tampa USF
- Fowler White Boggs P.A.
- Sweetbay Supermarket
- WQYK 99.5 FM

4 WAYS TO REGISTER

Silver Bay City Chiropractic Clinic, Chameleon Custom Solutions
Citi, Feet First, IKON Office Solutions, Panera Bread
Sweet Tomatoes, Tampa General Hospital

Bronze Anonymous, BCI Communications, Einstein Bagels, Larabars
Kobie & Scott Pierce, Road I.D., Runners World
Anne Schwanz Boeckh (Boeckhdesigns.com),

Online: http://www.active.com/event_detail.cfm?event_id=1792430
(CREDIT CARD ACCEPTED AT THIS SITE) Visit ESF at www.epilepsysf.org/hare-racing-experience.htm and sign up. Visit **Feet First** in Tampa & St. Petersburg and sign up. Mail your registration form to HRE.

FREE ENTRY

Recruit and register 4 runners/walkers for the 5K or 1 mile and your registration is free.

2010 HRE INDIVIDUAL REGISTRATION FORM (Please Print)	2010 HRE TEAM OF 5 REGISTRATION FORM (Please Print)
Postmarked by 3/31/10 <input type="checkbox"/> Certified 5K run/walk...\$15 <input type="checkbox"/> 1 mile run/walk...\$10 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____	Postmarked by 3/31/10 <input type="checkbox"/> Certified 5K run/walk...\$60 <input type="checkbox"/> 1 mile run walk...\$40 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____
Registration after 3/31/10 <input type="checkbox"/> Certified 5K run/walk...\$20 <input type="checkbox"/> 1 mile run/walk...\$15 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____	Registration after 3/31/10 <input type="checkbox"/> Certified 5K run/walk...\$80 <input type="checkbox"/> 1 mile run/walk...\$60 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____
T-shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Number of t-shirts: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Name	Team: Name: _____ Age _____ Name: _____ Age _____ Name: _____ Age _____ Name: _____ Age _____ Name: _____ Age _____ (Ages Day of Race)
Address	Team Leader Name
City State Zip	Address
Phone	City State Zip
E-Mail	Phone
Age Day of Race <input type="checkbox"/> M <input type="checkbox"/> F	E-Mail
	Number of <input type="checkbox"/> M <input type="checkbox"/> F
WAIVER: I hereby release the Epilepsy Services Foundation, Inc., Tampa Bay Runners and all sponsors, organizers and associate entities, be they individuals or organizations, singly and collectively, of all blame for injury, misadventure, harm, loss, or inconvenience suffered as a result of my participation in this event. I hereby grant permission for the free use of my name and photograph in any broadcast, promotions or account of this event.	WAIVER: We hereby release the Epilepsy Services Foundation, Inc., Tampa Bay Runners and all sponsors, organizers and associate entities, be they individuals or organizations, singly and collectively, of all blame for injury, misadventure, harm, loss, or inconvenience suffered as a result of my participation in this event. We hereby grant permission for the free use of our names and photographs in any broadcast, promotions or account of this event.
Signature (Parent/Guardian if under 18) Date	Signature for Team (Parent/Guardian if under 18) Date
Make checks payable to: Epilepsy Services Foundation, Inc. 4618 N. Armenia Ave., Tampa, FL. 33603-2706 Phone: 813-870-3414, ext. 5 Fax: 813-870-1321 E-Mail: torth@epilepsysf.org Website: www.epilepsysf.org	Make checks payable to: Epilepsy Services Foundation, Inc. 4618 N. Armenia Ave., Tampa, FL. 33603-2706 Phone: 813-870-3414, ext. 5 Fax: 813-870-1321 E-Mail: torth@epilepsysf.org Website: www.epilepsysf.org