



5TH ANNUAL CENTER FOR WOMEN 5K RACE

Brevard Reindeer Run

(Formerly Jingle Bell Run)

Saturday December 5th, 2009

New This Year! : Chip Timing by SetUpEvents



START TIME:	9:00 AM We start on time so don't be late!
ENTRY FEE:	Early Bird fee of \$25 prior to December 1 and \$20 for children 5-10. No participants younger than 5. \$30 for adults after Dec.1 st and on race day. (\$25 for children).
REGISTRATION:	Race-day registration will be held from 7:15 to 8:45 AM in the fellowship hall of the First Baptist Church in downtown Brevard (free parking at the church).
SHIRTS:	Free t-shirts for all pre-registered. Guaranteed to get your size if registered by Nov. 23 rd .
REFRESHMENTS:	Post-race food will include fruit, granola bars, muffins, donuts, water, coffee and juice
COURSE: <i>This is a USA Track and Field Certified Race Course!</i>	Flat to gently rolling over varying terrain. The race starts and ends at The Center for Women at 39 E. Jordan St (next door to The First Baptist Church) in beautiful downtown Brevard, NC. The race is the kick-off event for the Brevard Twilight Festival so bring the family for a whole day of fun!
AWARDS:	Awards given for the top male and female overall finishers. Awards for all children 10 and under. Awards will be given to the top 3 male and female finishers in each of the following categories: 5-10, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over.

Pre-registration online at www.active.com

ENTRY FORM: Mail this entry form along with your check made payable to: **THE CENTER FOR WOMEN at 39 E Jordan St. Brevard, NC 28712**. All mail entries must be received by **November 30th**. All fax, e-mail, and online entries must be received by Dec. 1st and paid for with your Visa or Master Card.

Visa	MasterCard	Card Number:	Expiration Date:						
3 digit code on back of card	Address	Zip							
Please e-mail or fax your credit card entries to the following: e-mail ; cpccare@citcom.net or fax: 828-885-7829									
T-SHIRT SIZE (Circle your choice)	ADULT	S	M	L	XL	XXL	or:	YOUTH	M
Name:						Phone#			
Address:						E-mail:			
City:				State			Zip		
Age on day of the race	Circle one :			Male	Female				

Waiver: I know that running a road race is potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of weather and temperature, traffic and the condition of the road, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I release The Center for Women, all Sponsors and their representatives from any and all claims or liabilities of any kind that may arise out of my participation in this activity even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to the foregoing to use any photographs or any other records of this event for any legitimate purpose. I FURTHER AGREE TO RETURN AT THE END OF THE RACE THE COMPUTER CHIP THAT IS ISSUED TO ME, OR PAY A \$30 REPLACEMENT CHARGE.

Participant's Signature	Date	Parent/Guardian Signature	Date
		(if participant is under 18)	

CONTACT: WENDY @ 828-885-7885 or E-MAIL cpccare@citcom.net or www.brevardwomenscenter.com