

**Much appreciation
to our previous
Sponsors!**

Medical Associates of Brevard



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Community Involvement

- Brevard Uncorked to Benefit Autism
- BAC - Providing Autism Links & Support 5K runs for autism awareness
- Cancer Care Center Foundation
- Various Golf tournaments to benefit Autism
- Various other 5K Runs and walks to benefit Autism and Cancer Research



**PRODUCE PLACE
OF
SUNTREE**



**BREVARD AUTISM
COALITION
PRESENTS**



FOR AUTISM AWARENESS

SATURDAY, FEBRUARY 26, 2022 @ 8:00 AM

START FROM SCHECHTER COMMUNITY CENTER
1089 S. PATRICK DR. SATELLITE BEACH, FL. 32937

FREE KIDS FUN RACE STARTS AT 9:15 AM
REFRESHMENTS PROVIDED FOR ALL
PARTICIPANTS

FAMILY, FRIENDS, FUN & FITNESS!

WWW.BREVARDAUTISMCOALITION.COM



FEES

\$30* EACH REGISTRANT UNTIL 2/1/22
\$15* EACH STUDENT K-12 UNTIL 2/1/22
\$35* LATE REGISTRATION OR RACE DAY REGISTRATION
KIDS RUN IS FREE
*SAVE \$5 IF YOU DO NOT WANT A SHIRT

OR REGISTER FOR THE "RUN FOR THE KIDS"
SERIES OF 4 RACES FOR \$100 BY JANUARY 26, 2022
(\$80 FOR KIDS UP TO 16 YEARS OF AGE)

"JUST RUN IT" VIRTUAL RACE OPTION
NO SHIRT \$25 SHIRT \$30
BEFORE 2/1/22

[HTTPS://SECURE.RUNNINGZONE.COM/RUNFORTHEKIDS](https://secure.runningzone.com/runforthekids)

PACKET PICK UP

RUNNING ZONE
(ACROSS FROM EASTERN FLORIDA STATE COLLEGE)
FRIDAY 2/25/22
BETWEEN 10 AM AND 6:30 PM

SCHECHTER COMMUNITY CENTER
ON RACE DAY BETWEEN 6:45 AND 7:45 AM

T-SHIRTS

ALL 5K ENTRANTS WILL RECEIVE A T-SHIRT
ADULT XXL, XL, M, SM, YOUTH LG, YOUTH M, YOUTH SM
(SHIRTS AND SIZES ARE NOT A GUARANTEE FOR LATE REGISTRATION)

AWARDS

AWARDS FOR ALL AGE GROUPS
LARGEST FAMILY TEAM LARGEST CORPORATE TEAM
1ST PLACE TEAM-FASTEST 3 RUNNERS
MALE AND FEMALE TOP 3 OVERALL
MALE AND FEMALE TOP 3 MASTERS (40+ YEARS)
MALE AND FEMALE TOP 3 IN EACH AGE CATAGORY

MAIL OR BRING ENTRY FORM TO:
BREVARD AUTISM COALITION
C/O CHILD AND FAMILY CONSULTANTS
1800 PENN STREET SUITE 12
MELBOURNE, FL 32901
321-768-6800

MAKE CHECKS PAYABLE TO :
BREVARD AUTISM COALITION
OR REGISTER ONLINE

<https://runsignup.com/13thannual5krunwalkforautismawareness>

RUN FOR THE KIDS

REGISTRATION

NAME _____

TEAM NAME _____

BIRTH DATE _____

AGE ON 2/15/22 _____

GENDER M F T-SHIRT SIZE YS YM YL S M L XL XXL

5K IN PERSON 5K VIRTUAL

DAYTIME PHONE

EMAIL _____

ADDRESS _____

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, my executors, wave All rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of the race and any Representatives, successors, or signs for any and all damages or injuries which may be sustained and suffered by me and consideration of my association with any entry or participation in the run for autism 5K event if I should suffer injury or illness I authorize the officials of the race to use their discretion to have me transported to a medical facility and I take full financial and legal responsibility for this action I attest and verify that I am physically fit and have my physicians permission to participate in this race I hereby Grant full permission to any and all of the foregoing to use any photographs videotapes or any other record of this event for any purpose of the event whatsoever I have read the above for lease and understand that it presents a risk of physical injury knowing this I'm entering this event at my own risk.

SIGNATURE REQUIRED(PARENT OR GARDIAN IF UNDER 18)