

Much appreciation
to our previous
Sponsors!



Medical Associates of Brevard

The Zollo Family



PRESENTS
OUR 16TH ANNUAL



FOR AUTISM AWARENESS

SATURDAY, FEBRUARY 22, 2025 @ 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 2/1/2025

\$15* EACH STUDENT K-12 UNTIL 2/1/2025

\$35* LATE REGISTRATION OR RACE DAY REGISTRATION

KIDS RUN IS FREE

OR REGISTER FOR THE "RUN FOR THE KIDS"

SERIES OF 3 RACES FOR \$80 BY JANUARY 24, 2025

(\$60 FOR KIDS UP TO 17 YEARS OF AGE)

\$5 DISCOUNT FOR SPACE COAST RUNNERS FOR THE
"RUN FOR THE KIDS SERIES"

\$30 BREVARD AUTISM COALITION

☐ CHECK HERE TO SKIP THE SHIRT AND \$5 WILL GO TO
BREVARD AUTISM COALITION AS A DONATION.

[HTTPS://runsignup.com/Race/FL/Melbourne/
RunfortheKidsSeriesRegistration](https://runsignup.com/Race/FL/Melbourne/RunfortheKidsSeriesRegistration)

PACKET PICK UP

RUNNING ZONE (ACROSS FROM EASTERN FLORIDA
STATE COLLEGE)

ON FRIDAY 02/21/2025 BETWEEN 10 AM OR 6:30

OR

AT 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, L, M, S*, YOUTH: *L, M, S*

(SHIRTS AND SIZES ARE NOT A GUARANTEE FOR LATE REGISTRATION)

AWARDS

AWARDS FOR ALL AGE GROUPS

OVERALL: 1ST, 2ND, 3RD PLACE, MALE AND FEMALE

MASTER: 1ST PLACE MALE AND FEMALE 40+

AGE GROUP: 1ST, 2ND, 3RD PLACE, MALE AND FEMALE AGE 0-9 AND IN
FIVE YEAR AGE GROUPS FROM 10-14 THROUGH 80+

TEAM AWARDS

LARGEST FAMILY TEAM

LARGEST CORPORATE TEAM

1ST PLACE TEAM- FASTEST 3 RUNNERS

Running Zone:

3696 N Wickham Rd Melbourne, FL 32935

321-751-8890

MAKE CHECKS PAYABLE TO :

FLUTIE 5K

OR REGISTER ONLINE

[https://runsignup.com/Race/FL/SatelliteBeach/
BrevardAutismAwareness5K](https://runsignup.com/Race/FL/SatelliteBeach/BrevardAutismAwareness5K)

TABLES AVAILABLE TO NON-PROFIT GROUPS HELPING BREVARD FAMILIES WITH
SPECIAL NEEDS CHILDREN AND ADOLESCENTS

RUN FOR THE KIDS

REGISTRATION

NAME _____

TEAM NAME _____

BIRTH DATE _____

AGE ON 2/24/25 _____

GENDER M ☐ F ☐

FAMILY ☐ CORPORATE ☐ INDIVIDUAL ☐

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

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 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 GUARDIAN IF UNDER 18)