



FEAT of Washington

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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 in South Sound

- Saturday Recreation Program for children 4-12
- Summer Intervention Program for kids pre-k through 6th grade
- Mentoring families
- Resource guide
- *LISTSERV* to allow parents to network
- Social and networking opportunities
- Speaker Series

You can help us build new and greatly needed programs in the South Sound. There are currently no programs at all for teens and their families. The proceeds from this walk will be used to expand FEAT's high quality teen programs to the South Sound. These programs help teens develop social, work and community skills to help them succeed as they finish school and move into the workforce.



Sponsors Spring Forward Run & Walk



CENTER FOR
DIAGNOSTIC IMAGING



**Radiology Consultants
of Washington**



WHAT HAPPENED IN 2007-09?

Thanks to you and our sponsors, we were able to raise \$9000.
We are proud to announce that 100% of all profits will be donated.

MVP Physical Therapy invites you to join us in Tacoma to celebrate the return of Spring with Daylight Savings Time.



Spring Forward
Run & Walk 5k
An Autism Benefit Event



This event is sanctioned by USAF

Saturday
March 6, 2010
Tacoma, WA

- Raise money to combat Autism!
- Participate in a run that starts in the historic Stadium High School Bowl!
- Get ASICS microfiber running shirt!
- Bring your kids for a Kids Dash



FEAT of Washington
Families for Effective Autism Treatment

Combating Autism:

Proceeds from the Spring Forward Run & Walk will be donated to organizations that work with children affected by autism including therapeutic intervention, research, advocacy, and other associated projects. Our beneficiary this year is FEAT of Washington.

MVP Participant:

Be an MVP! Check the "MVP Participant" box on the registration form and in addition to regular registration, receive a gift certificate to a sponsoring Tacoma restaurant, 4 tickets to Tacoma FC or Seattle Sounders Women soccer games, 60-min athletic training session or a 30-min injury assessment by a Physical Therapist (check for details when registering).

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 to Stadium District.

Stadium High School, 111 N. E Street, Tacoma, WA 98403

See the race map and information at www.MVPPT.com

Race Schedule:

8:00 - 8:45 Day of Race registration

8:00 -10:30 Silent Auction

9:00 Start 5K Run / Walk

9:20-10:00 After Race refreshments

Kids Dash

Awards ceremony and Raffle

Kids Dash:

Children under 10 are eligible to participate in the Kids Dash.

Kids Dash will start after completion of the 5K Spring Forward Run & Walk. Length - up to 1 lap of the Stadium Bowl.

Participation is FREE.

T-Shirts:

ASICS technical microfiber (!) running jersey.

Although every effort will be made to provide every participant with a jersey, only first 200 are guaranteed.

Awards:

Cash Prizes for top 3 overall male and female finishers. Prizes for top 3 finishers in each 5-year age-groups: 19 and under, 20-24, 25-30, ... 75 plus.

Raffle and Silent Auction:

Raffle: All registered participants eligible for a chance to win a pair of running shoes from South Sound Running, Training/Conditioning session by Certified Athletic Trainer from MVP Physical Therapy, and other prizes. **Silent auction:** variety of items including sports memorabilia, gift certificates and other items will be offered at our Silent Auction from 8:00am till ~10:30am

Contact & Registration

Boris Gladun, Phone: 206.267.7811, E-mail: bgladun@mvppt.com

Registration by mail:

Entries must be postmarked by 3/1/2010. Mail entry form with check or money order payable to MVP Physical Therapy.

MVP Physical Therapy - Spring Forward Run & Walk
14800 Starfireway, Seattle, WA 98188

Registration in Person: (Last day Thursday 3/4/2010)

1. Lakewood MVP Physical Therapy

7308 Bridgeport Way, Ste 103 • Lakewood, WA
Phone: 253.582.8142 • Mo-Fri 7-7pm

2. Starfire MVP Physical Therapy

14800 Starfireway, Seattle, WA 98188
Phone: 206.267.7811 • Mo-Fri 7-7pm

3. South Sound Running

1736 Pacific Ave., Tacoma
Phone: 253.593.8786 • Mo-Fri 10-7, Sa 10-5, Su 12-5

Registration Online: (Last day 3/4/2010)

www.databarevents.com

Form:

Last Name _____

First Name _____ Gender _____ Age _____

Street Address _____

City _____

ZIP Code _____ State _____

Phone _____

E-mail _____

Day of Race:

Registration and packet pick-up will be from 8:00AM to 8:45AM

Shirt Size: S M L XL XXL (Men's sizes)

Fees:

Early Registration - \$25 (register by 2/15/10)

Run/Walk Individual Fee - \$30

MVP Participant Run/Walk - \$60 (includes registration)

I would like to sponsor a person to participate - \$30

I would like to donate _____\$ to combat Autism

Total: _____\$

Pick-up race packet at the start or in person at MVP Physical Therapy at Lakewood or Starfire locations.

Waiver and 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 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, recording, or any record of this event for any legitimate 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 ____/____/____