

All proceeds go to the expansion of the Chris Evert Children's Hospital Pediatric Cancer Center.  
Please support our cause by participating in or donating to the Pediatric Cancer Center at Chris Evert Children's Hospital.

**By giving your heart,  
you give these children a new start!**

This event has been organized by pre-med students of the American Heritage School.

Special thanks to artists  
Brad Tremper & Jonathan Reid

## SPONSORS



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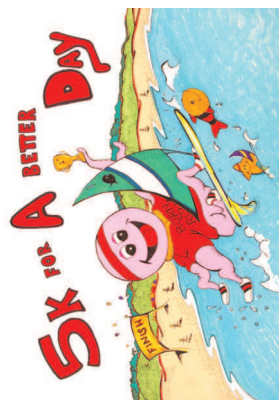
**National City**



Event produced by:



1600 S Andrews Avenue  
Fort Lauderdale, FL 33316



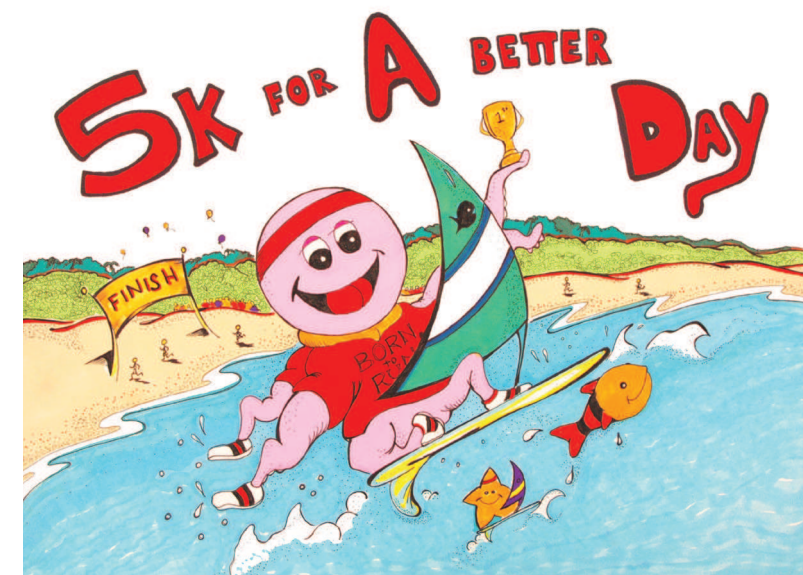
Proceeds go to the expansion of the  
Chris Evert Children's Hospital  
Pediatric Cancer Center.

## 4th Annual

### 4th Annual 5K for a Better Day Run & Fitness Walk

Saturday, February 28, 2009 • 7:30 am

To benefit the Chris Evert Children's Hospital at Broward General Medical Center



**Saturday, February 28, 2009**

**7:30 am**

**Broward General  
Medical Center**



**RACE HOTLINE 954.970.7752**

**We Thank You.**

# 4th Annual 5K For A Better Day

**WHEN:** Saturday, February 28, 2009. Race day registration and packet pick-up, **6:15-7:15 am**. Race begins at **7:30 am**.

**WHERE:** Race starts at Chris Evert Children's Hospital, Broward General Medical Center (BGMC), 1600 S Andrews Avenue, Fort Lauderdale. Parking in the BGMC parking garage on S. Andrews Avenue.

**DIRECTIONS:** I-95 East to US 1 North. Turn left on SE 17th Street. Turn right on S Andrews Avenue, BGMC parking garage is on the right.

I-95 to Davie Blvd. East on Davie Blvd. to S Andrews Avenue. Turn right on S Andrews Avenue, BGMC parking garage is on the left.

**DISTANCE:** 5K (3.1 miles). 5K course travels north on Andrews along Riverwalk, returning along SE 3rd Avenue.

**AWARDS:** Top three (3) in the following: Overall, Master (40 & up), Grandmaster (50 & up), Senior Grandmaster (60 & up), Golden Master (70 & up), 10 & Under, 11-12, 13-14, 15-16, 17-19, 5 year age groups from 20 to 80 & over.

**T-SHIRTS:** Each entrant receives a commemorative t-shirt. Late entrants may not receive a t-shirt on race day.

**RESULTS:** Your race results will be posted on [www.splitsecondtiming.com](http://www.splitsecondtiming.com)

**CHRONO TRACK SYSTEM:** This system allows the runner to throw a way the chip after the race. It is attached to the shoe like other systems. Instructions will be on the race number. Do not remove the chip until you are at the park the morning of the race.

<b>RACE FEES:</b>	Pre Race	Race Day
5K Run / Walk	\$25	\$30
Students (19 & Under)	\$20	\$30
Kids Fun Run*	\$5	\$10
Youth Mile*	\$5	\$10

\*No T-shirts

## 3 For The Road Series Information

A separate Series application will need to be completed if you want to be scored in the series as well as separate registration to each of the three events. For information about the series call 954-728-9351. The Series events are:

- 5K For A Better Day – February 28th
- St Paddy's 4 Miler – March 14th
- Riverwalk 5 Miler – March 21st

## REGISTRATION

Get your T-shirt & Race Number early!

February 16 - February 27

**The Wellness Center at  
Broward General Medical Center**  
1625 S.E. 3rd Avenue, Fort Lauderdale  
8th Floor • Physician Office Building

**Running Wild**  
1133 N. Federal Highway, Fort Lauderdale  
1/2 block North of Sunrise

**Runner's Depot**  
2233 S. University Drive, Davie

Participants who register by mail or on-line [www.splitsecondtiming.com](http://www.splitsecondtiming.com) can only pick up their packet on race day, February 28th, 6:15am - 7:15am

If you are unable to participate and would like to make a tax deductible donation to Broward Health Foundation, please complete the application form, check the "Donation" box and mail to the listed address.

**Individuals donating \$2,500 or more will be recognized on the donor wall at Broward General Medical Center.**



**BROWARD HEALTH  
FOUNDATION**

The Broward Health Foundation is a tax-exempt, not-for-profit charitable organization under Internal Revenue Code 501(c)(3). Your gift is tax deductible to the extent appropriate for you under IRS regulations.

A copy of the official registration and financial information for Broward Health Foundation (CH12239) may be obtained from the Division of Consumer Services by calling 800-HELP-FL (800.435.7352) toll-free within Florida. Registration does not imply endorsement, approval or recommendation by the state.

**OFFICIAL USE**

**RACE NUMBER**

**Check should be made payable to: Broward Health Foundation**  
Mail completed application and check to: 5K for a Better Day, 2211 Charleston St., Weston, FL 33326

LAST NAME	FIRST NAME	AGE ON RACE DAY	SEX	DATE	SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER AGE 18	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS	CITY	STATE	ZIP CODE	T-SHIRT SIZE	DONATION \$	CHECK ONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Run <input type="checkbox"/> Kids Fun Run <input type="checkbox"/> Fitness Walk <input type="checkbox"/> Youth Mile <input type="checkbox"/> Wheelchair

STREET (INCLUDE APT NO.)	E-MAIL ADDRESS	BIRTHDATE	MONTH	DAY	YEAR	EMERGENCY CONTACT TELEPHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ENTRY FEE:** Pre-registered - Adults - \$25, Students - \$20, Race Day - \$30; Kids Fun Run and Youth Mile, Pre-registered - \$5, Race Day - \$10

In consideration of accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for injury or damage I may have against the officials or sponsors of the 2009 5K for a Better Day, their representatives, successors and assigns, for any and all injuries sustained by me in this event, including pre- and post-race activities. I attest and verify that I am physically fit, and have sufficiently trained for the completion of this athletic event and competition, which I am voluntarily entering at my own risk. My physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, video tapes, recordings or any other record of this event for any purpose whatsoever.