



Stafford Hospital

Registration Form

At Stafford Medical Pavilion
(on campus of Stafford Hospital)
April 6, 2019 | 8:30 a.m.

3rd race in the Fredericksburg Area Running Club, Coldwell Banker Elite Grand Prix Series

We welcome devoted runners, weekend joggers and families to participate in this community event!

Race Location:

Stafford Medical Pavilion
125 Hospital Center Blvd.
Stafford, VA 22554

Race Day:

Saturday, April 6, 2019
• Registration starts at 7:00 a.m.
• Race starts at 8:30 a.m.
*This is a rain or shine event, refunds are unavailable.

Proceeds:

Benefit Stafford Hospital and the community that it serves.

Registration Options:**

- **Online:** www.racetimingunlimited.org until April 3 at 8:00 p.m.
- **By mail:** Complete form at bottom and send with credit card or check
- **In person:**
 - Stafford Medical Pavilion
April 4 | 3:00 p.m. to 5:30 p.m.
April 6 | 7:00 a.m.
 - Lucky Road Run Shop
1277 Jefferson Davis Hwy.
Fredericksburg, VA 22401
April 5 | 10:00 a.m. to 5:00 p.m.

Race Packet Pick-up:

- Stafford Medical Pavilion
April 4 | 3:00 p.m. to 5:30 p.m.
 - Lucky Road Run Shop
1277 Jefferson Davis Hwy.,
Fredericksburg, VA
April 5 | 10:00 a.m. to 5:00 p.m.
- Packets will **NOT** be mailed.
Remaining race packets may be picked up at the event beginning at 7:00 a.m.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Age: _____ Date of Birth: ____ / ____ / ____ Gender: M F

If you're a Stafford County resident, please help us determine the winner of the "Battle of the Districts" by showing your pride and selecting the district you live in below:

- Hartwood Rock Hill Griffis-Widewater Aquia Falmouth George Washington Garrisonville

In consideration of the foregoing, I, my executors and administrators, waive and release any and all rights and claims for damages I may have against Stafford Hospital Foundation, Stafford Hospital, and any sponsors, supporters, actions whatsoever in any manner as a result of my or my child's participation in this event and that my medical condition to do so has been verified by a licensed medical doctor. I have read the above conditions and accept them as shown by my signature.

Signature (Parent Signature if under 18)

Check enclosed Visa MasterCard American Express Discover

Credit Card # : _____

3 or 4 digit security code on credit card: _____ Exp. Date: ____/____(MM/YY)

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____

Date: ____/____/____

Date: ____ / ____ / ____

****Fee:**
 ____ \$30 (Through March 22)
 ____ \$35 (Beginning March 23)

T-Shirt Size:
 ____ S ____ M ____ L
 ____ XL ____ XXL ____ No Thanks

**T-Shirts guaranteed only until March 28*

Please send registration forms and checks to:
Stafford Hospital Foundation
2600 Mary Washington Blvd. | Fredericksburg, VA 22401
*Please reference Spring Fever 5K on check

For questions, please contact:
540.741.9118 | erin.supko@mwhc.com
To fax form: 540.741.1511
SpringFever5K.mwhc.com

Race # _____
(for internal use)



Stafford Hospital



Additional Race Information

Important information: To ensure runner safety, unregistered runners, unauthorized vehicles, bicycles, skateboards, roller skates, roller blades, the wearing of headphones, or running with dogs are prohibited on the course. We ask participants with baby joggers and strollers to please start in back of group and to be mindful of runners.

Awards: Awards will be given to the overall top three males and the overall top three females. Awards will also be given to the top three males and the top three females in each of the following age groups: 14 & Under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70 & over.

Course: The race is a USATF Certified course starting and finishing at Stafford Hospital. It goes onto Courthouse Road to Stafford Middle and Brooke Point High School and includes a few short hills.

Chip Timing: Race Timing Unlimited will provide Chip Timing by using disposable Chronotrack bib tags. Bibs are to be worn on your front. If there is no bib worn, no time will be recorded. Though we are recording start and finish times, all awards and places are determined by gun time.

Directions: From I-95, take exit 140 East, towards Rt. 1. Turn right onto Rt. 1 at light. Stafford Hospital will be on your left. Follow signs for the Stafford Medical Pavilion.

Show your support with a donation today!

If you are unable to participate in the Spring Fever 5K or would like to contribute a donation with your race registration fee, please complete the following information. On behalf of Stafford Hospital Foundation, your support is greatly appreciated!

Please accept my donation to the Stafford Hospital Foundation in the amount of \$_____.

- Check enclosed Visa MasterCard American Express Discover

Credit Card #: _____ 3 or 4 digit security code on credit card: _____

Exp. Date: ____/____/____ Telephone: _____

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____ Date: ____/____/____

Please send registration forms and checks to:
Stafford Hospital Foundation
2600 Mary Washington Blvd. | Fredericksburg, VA 22401
*Please reference Spring Fever 5K on check

For questions, please contact:
540.741.9118 | erin.supko@mwhc.com
To fax form: 540.741.1511