

The Course

Enjoy a run through historic Reedsburg and scenic Sauk County. Beautiful and challenging course on a paved surface. Some hills. For course maps and details, visit us online at www.reedsburgvetfest.com

The Cause

Profits from this years event will benefit the Reedsburg VFW Post 1916 and the Reedsburg Area United Fund which helps fund over 25 local non-profit agencies. Agencies that will benefit from the Reedsburg Area United Fund include:

American Red Cross
Brown Bag Ministries
Elizabeth Conley Park
Energy Services for Sauk County
Girl Scouts of Wisconsin-Badgerland Council
Habitat for Humanity
Hillpoint 1st responders
Home Health United Hospice
Hope House of South Central Wisconsin
Interfaith Volunteer Network, Inc.
Kid's Ranch
LaValle Fire Department
Lime Ridge Town and Country Senior Citizens
Loganville Fire Department
Loganville First Responders
Passages
Reedsburg Area Food Pantry
Reedsburg Area Helping Hands, Inc.
Reedsburg Area Senior Citizens
Reedsburg Boy Scout Troop 44
Reedsburg Cub Scouts Pack 244
Reedsburg Players Children's Summer Theater
Renewal Unlimited Inc. (Head Start II)
Safe Harbor Homeless Shelter
Sauk County Association for Retarded Citizens (ARC) of Wisconsin
Sauk County Home and Community Education
Sauk County Humane Society, Inc.

LODGING

Voyageur Inn & Conference Center
200 Viking Dr, Reedsburg, WI 53959

Ask about special discounts for **VET FEST** participants!
To make your reservations, call: 608-524-6431

VET FEST 2012
14053 Highway 58
Cazenovia, WI 53924



SATURDAY, APRIL 14, 2012

RACE LOCATION

JAYCEES/LIONS BUILDING, NISHAN PARK
1403 VIKING DRIVE
REEDSBURG, WI 53959

EVENTS

Half Marathon Start: 8:00AM
5K Run Start: 8:30AM
5K Walk Start: 8:35AM
1 Mile Walk Start: 8:35AM

AGE DIVISIONS; MALE/FEMALE

7 & under 8-9 10-11 12-13 14-15 16-19
20-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65-69 70 & over

RESULTS AND AWARDS

Finisher medals will be presented to all half marathon finishers, and 1st-3rd place awards will be presented in each age group, male and female, for the half marathon and 5K Run. Participation ribbons to all 5K and 1 Mile finishers.

RACE PACKET PICK UP

Saturday, April 14 from 6:30am-7:30am
At the Jaycees/Lions Building, Nishan Park

REGISTRATION

Complete entry form with check(s) payable to:
VET FEST 2012
14053 Highway 58
Cazenovia, WI 53924

REGISTER ONLINE

Receipts will not be mailed. All pre-event communications will be via email.



RACE DAY REGISTRATION

Registration: 6:30 AM– 7:30 AM at the Jaycees/Lions Building, 1403 Viking Drive, Nishan Park, Reedsburg

QUESTIONS

Call Jeff at 608-524-6459
Email: reedsburgvetfest2011@gmail.com
Website: www.reedsburgvetfest.com

You can also find us on:



VET FEST 2012 REGISTRATION FORM

Use separate entry form for each participant. Detach and return with payment. Print neatly and fill out completely.

Register by **March 23, 2012** for a chance to **WIN** one of six **\$50** gift cards!

NAME: _____ GENDER: MALE/FEMALE DATE OF BIRTH: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE #: _____ EMAIL: _____

LONG SLEEVE TSHIRT SIZE: (CHECK ONE)

ADULT SIZE ___S___M___L___XL___XXL___XXXL

YOUTH SIZE ___S___M___L___XL

New for 2012!! Heavy, custom medal for 1/2 marathon finishers!!

EVENT:

___ PAYMENT AMOUNT ENCLOSED

___ HALF MARATHON

___ 5K RUN W/ TIMING AND MEDALS

___ 5K WALK- NO TIMING AND NO MEDALS

___ 1 MILE WALK- NO TIMING AND NO MEDALS

CIRCLE ONE:

PRE 4/1/12 POST 4/1/12 DAY OF

\$45 \$50 \$55

\$25 \$30 \$35

\$15 \$20 \$25

\$10 \$15 \$20

MAKE YOUR CHECK(S) PAYABLE TO **VET FEST 2012** AND RETURN YOUR CASH/CHECK WITH THIS COMPLETED REGISTRATION FORM BY APRIL 1, 2012 TO:

VET FEST 2012

14053 HIGHWAY 58

CAZENOVIA, WI 53924

Course maps and more details about **VET FEST 2012** can be found at www.reedsburgvetfest.com.

RELEASE OF LIABILITY: IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THIS EVENT, I RELEASE SWIM REEDSBURG, LLC, THE CITY OF REEDSBURG, THE TOWNSHIP OF REEDSBURG, REEDSBURG AREA MEDICAL CENTER, THE VET FEST COMMITTEE AND ANY AFFILIATES FROM LIABILITY FOR ANY AND ALL LOSS RESULTING FROM DAMAGE TO MYSELF OR MY PROPERTY WHICH MAY RESULT FROM PARTICIPATION IN THIS EVENT. I AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR MYSELF BY A LICENSED EMERGENCY HEALTH CARE PROVIDER. I KNOW THIS EVENT WILL BE STRENUOUS AND MAY CAUSE INJURY AND/OR DEATH. I AUTHORIZE MY NAME, LIKENESS, BIOGRAPHY AND PERFORMANCE MAY BE USED FOR PUBLICIZING AND PROMOTING SUCH BROADCASTS AND OTHER USES OF THE EVENT. I HAVE READ AND FULLY UNDERSTAND THIS FORM. I HAVE RECEIVED MY PHYSICIANS APPROVAL TO PARTICIPATE IN THIS EVENT.

SIGNATURE: _____ (SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18)

DATE: _____