



Big Bend Victim Assistance Coalition

BBVAC

Together, We can and do make a difference in our community!

P.O. Box 1486 - Tallahassee, FL 32302 - www.bbvac.org

Dear Supporter,

The Big Bend Victim Assistance Coalition was established in 1992 to enhance and expand victim services in Leon and surrounding counties. As we promote victim rights and services, we seek to provide physical, emotional and financial support for crime victims in conjunction with public and private resources in our community. Through annual dues, donations and fundraising efforts, the BBVAC Emergency Fund helps victims experiencing financial hardship as a result of criminal victimization when community resources are limited or not available. In the past, BBVAC's emergency fund has helped assist victims with emergency shelter at local hotels, provided food, utility assistance, prescription assistance, and gas cards. BBVAC is a 501(c)3 organization and all requests are reviewed and approved by the BBVAC Board of Directors.

On November 14, 2009, the Big Bend Victim Assistance Coalition has organized its second annual 5k run/walk to support victims of crime in the Big Bend Community. All proceeds from the 5k will go towards the emergency fund for victims of crime. Currently, the organization is asking for community sponsorship to help make our 5k successful. Your gracious tax-deductible donation will help provide t-shirts for participants, beverages, snacks, and advertisement material. Please see our sponsorship levels attached to view all possible options.

Crime knows no boundaries, yet we rarely think about victimization until we or someone we know becomes a victim. With your help, we can make a difference in our community today. If you have additional questions or concerns, please feel free to contact us at the above address. We would appreciate the opportunity to tell you more about BBVAC.

Thank you for your support and generosity.

Our mission...to coordinate and promote advocacy on behalf of victims of crime.



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"Run for one, Run for all"

Sponsored by
Big Bend Victim Assistance Coalition

Saturday, November 14, 2009

Helping victims of crime, One step at a time

Time: Registration begins at 7:30 A.M. Race begins at 8:00 A.M.

Location: Southwood State Office Complex on Esplanade Way

Entry Information: (First 150 registered are Guaranteed a T-Shirt!!)

Early Registration (on or before November 6, 2009)	\$12.00, includes T-shirt
Day of Race Registration	\$15.00, includes T-shirt

Awards: To Be Determined

Registration:

Please make check payable to:

****Donations graciously accepted*

Big Bend Victim Assistance Coalition or BBVAC
 Mail registration to:
 Big Bend Victim Assistance Coalition
 P.O. Box 1486
 Tallahassee, FL 32302

For any questions or additional information please contact:

Gwen Williams at (850) 414-9826 or williamsg@leoncountyfl.gov

Volunteer Opportunities also available

All proceeds of the race will go toward BBVAC's Emergency Fund which was established to provide financial aid for victims of crime when other resources are not available. These funds have been used for a variety of needs such as assistance with prescriptions, food, housing, and more.

I know that participating in running activities is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather (excessive heat and/or humidity), traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my application, I for myself and anyone entitled to act on my behalf waive and release the Race Director, Big Bend Victim Assistance Coalition, or any other sponsoring agent, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the parts of the persons/agents named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____
 Name: _____ Age on 11/14/09: _____
 Address: _____ City, Zip Code: _____
 Phone Number: _____ Circle one: Male or Female T-Shirt Size: S M L XL
 Race: 5K 1Mile Fun Run/Walk Volunteer