



Benefiting Autism

Proceeds:
Local Autism
Classrooms
for
Equipment & Technology
&

Camp Bee A Friend
Camp Albrecht Acres

Contact:
Sarah Adams
Phone: 563.583.4003
sarah@
unifiedtherapy.com

New! Kids
Fun Run (1/2 mile)

Chip Timing by
J3 Timing

Post-race
food &
refreshments

Prizes:
Top Overall Male
Top Overall Female
All fun run participants

Medals for
Age Group Winners

Raffle Tickets
from Local Businesses



UNIFIED Therapy Services

8th ANNUAL MAKE A DIFFERENCE 5K RUN/WALK

Saturday, April 22nd 2017

New Location - Heritage Pond

Rupp Hollow Road, Dubuque, IA 52001

Registration @ 7:30 - 8:30 am
Kids Fun Run @ 8:30 am
5K Run/Walk @ 9:00 am

Packet Pickup:

- **Friday, April 21st - 8:00 am - 12:30 pm**
@ Unified Therapy - 4135 Pennsylvania
- **Day of Race: 7:30 - 8:30 am**
@ Heritage Pond

Mail Registration Form & Entry Fee to:
Autism Run
4135 Pennsylvania Ave
Dubuque, IA 52002

Make checks payable to: Unified Therapy Services - Autism Run

Online Registration

<http://tinyurl.com/DBQAutism5k>

-Processing fees may apply - day of race: cash or check only



Check one:	Run / Walk	Fee	Age Groups
<input type="checkbox"/>	5K Run/Walk	\$30	9 years of age and older
<input type="checkbox"/>	5K Run/Walk	Free	8 years of age and younger
<input type="checkbox"/>	1/2 Mile Fun Run	\$10	8 years of age and younger

*T-shirts available for purchase the day of event. (limited quantity)

Name: _____ **Sex:** M F
Birthdate: _____ **Email:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

WAIVER: In consideration of being permitted to participate in this event, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue Unified Therapy Services, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damage of any kind whatsoever suffered as a result of taking part in the event and/or any related activities. I also agree to the use of any photo, film, or videotape of event for any purpose.

Signature: _____ (Parent or Legal Guardian if under 18)

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