

INDIVIDUAL REGISTRATION

(One registration form per person)

Runner's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Adult or Child

T-shirt size (circle one)

Child S M L Adult S M L XL 2XL 3XL
*(\$1.00 extra for 2-3XL)

No shirt option (more money will be donated to our cause)

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: _____

(Guardian's signature if necessary)

Check here if you cannot participate but would still like to make a donation.

**Please mail this form & entry fee to
Make A Difference Run/Walk
C/O Allison Swift
4121 Pennsylvania Ave
Dubuque, IA 52002**

*** Make Checks Payable To:
Unified Therapy Services**

UNIFIED Therapy Services
4121 Pennsylvania Ave
Dubuque, IA 52002
www.unifiedtherapy.com

Secure Online Registration
@ Fitnesssports.com

Make A Difference 5K Run/Walk



Benefiting Autism

Saturday, August 23, 2014

8:00 a.m.



AUTISM SOCIETY
Improving the Lives of All Affected by Autism

**Individual Registration &
Sponsorship Options Included**

Hosted by:
UNIFIED
Therapy Services

RAISING MONEY FOR A GREAT CAUSE

Unified Therapy Services is sponsoring this 5K run/walk to raise money, help fund research & change lives.

This year a portion of the proceeds will be donated locally to Camp Albrecht Acres, a non-profit corporation. The money provided to the organization will help children with autism & their families by supporting camper fees for Camp Bee A Friend. The camp is for children who have an Autism Spectrum Disorder (ASD).

The remaining proceeds will be donated to the Autism Society of Iowa, which is the nation's leading grassroots autism organization. This society aims to improve the lives of every person affected by autism. With the support of their large network of affiliates, the Autism Society has organized & lead numerous pieces of local & state legislation.



5K REGISTRATION FEE

Early Registration \$20 (by July 28th)
Ages 9-15 \$10

No fee for children 0-8 (If you would like a t-shirt add \$7)
Late Registration/Day of Race \$25 Adults,

Free registration for anyone
who raises \$100 through pledges.

Mail registration and entry fee to:

Unified Therapy Services
4121 Pennsylvania Ave
Dubuque, IA 52002

Make Checks Payable to: **Unified Therapy Services**

PACKET PICKUP

Friday, August 22nd 8:00 a.m. - 12:30 p.m.
Day of Race 7:00 - 7:45 a.m.

TO CONTACT US:

Allison Swift
(563) 583-3408 or
allisons@unifiedtherapy.com

RACE DATE, TIME & LOCATION

Saturday - August 23, 2014 - 8 a.m.
Starts and Ends at Unified Therapy Services
4121 Pennsylvania Avenue

IMMEDIATELY FOLLOWING RACE

Free Water & Refreshments
Plus Great Prize Give-aways!

SPONSORSHIP LEVEL

(due June 13th)

BRONZE - \$100

Company or Individual Name Displayed on:

- Poster at event
- Event Cardstock
(placed in runner's bags)

SILVER - \$150

**Company or Individual Name
& Logo Displayed on:**

- Poster at event
- Event Cardstock
(placed in runner's bags)
- Marketing materials
provided by your organization
to be placed in bags.

GOLD - \$250

**Company or Individual Name
& Logo Displayed on:**

- Poster at Event
- Marketing materials
provided by your organization
to be placed in bags.
- Event Cardstock
- Event T-shirts

Check here if you have an item to donate
for the Prize Give-aways.

Company Name: _____

Contact Person: _____

Address: _____

City, St., Zip: _____

Phone: _____

Email: _____