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In March 2014, the Centers for Disease Control and Prevention (CDC) announced new autism prevalence rates. According to the CDC report, the prevalence rate for autism is now 1 in 68 children, which is an increase of over 30% from the 2008 CDC Report.

Your help is needed more than ever to improve the lives of all those affected by Autism Spectrum Disorder. Please consider participating in this year's ASI Autism Awareness Event.



**SATURDAY,
APRIL 29, 2017**

Creston High School Track
601 W Townline Street



AUTISM SOCIETY OF IOWA

5th ANNUAL



AUTISM AWARENESS 5K RUN, WALK & RESOURCE FAIR

SATURDAY, APRIL 29, 2017

Creston High School
601 W Townline Street



AWARDS FOR 5K RUN

Awards will be given to the Top Male and Female runners in each age division:
12 and under, 13-19, 20-29, 30-39, 40-49, 50+

SCHEDULE

3:00 p.m. Registration and T-shirt Pickup
Autism Resource Fair

4:00 p.m. Welcome Autism Awareness
Lap Balloon Release
Start of 5K Run with Walkers
to Follow

5:30 p.m. 5K Awards Ceremony
Music donated by
Granny Holly's Mix A Lot

Your donation helps to make this and other
local events possible:

- Sensory Friendly Films
- Splash for Autism
- Social Skills Club
- "Palette of Possibility"
Theatre Production
- Scholarships
 - ◆ Family Needs
 - ◆ Academic
 - ◆ Conference



REGISTRATION FORM



AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Iowa

Our online registration is fast and easy! Save a stamp. Go to autismia.com
AUTISM AWARENESS 5K RUN, WALK & RESOURCE FAIR

Please fill out a separate registration form for walkers not from your household.

\$25 per adult/\$15 per child (12 and under)

Additional copies can be downloaded at autismia.com

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Age if running 5K _____

Please check your desired shirt size *(Form must be received by March 18 in order to receive a shirt)

Adult sizes:

- ☐ Small ☐ Medium ☐ Large
☐ XL ☐ 2XL

Child Sizes:

- ☐ Small (4-6) ☐ Medium (8-10)
☐ Large (12-14)

WAIVER AND RELEASE OF LIABILITY; I, hereby waive all claims against the Autism Society of Iowa or any personnel for any injury or loss I, or my child might ward, might suffer, by participating in, or as a result of, this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photos or likenesses of me and/or quotations from me in legitimate accounts and promotions of this event. By signing, I have indicated my agreement with all of the above.

Signature _____ Date _____

Additional participants from same household

Name _____ Shirt Size _____ Age if running 5K _____

Name _____ Shirt Size _____ Age if running 5K _____

Name _____ Shirt Size _____ Age if running 5K _____

Name _____ Shirt Size _____ Age if running 5K _____

FEES

Adult Number Registering _____ x \$25 = \$ _____

Children (12 & under) Number Registering _____ x \$15 = \$ _____

Cash Check **Total = \$ _____**

**T-shirts are only guaranteed to those who register prior to April 14. We will make every effort to have requested size available, but reserve the right to substitute another size.*

Mail Completed registration form and payment to:

AUTISM SOCIETY OF IOWA 4549 Waterford Drive • West Des Moines, IA 50265

For questions, contact 888-722-4799