DASH 4 DAN 5k

SUPPORTING PANCREATIC CANCER RESEARCH @SITEMAN

Sunday, December 16th beginning at 1:00 pm

LOCATION: Village Park 213 N. Prarie St. Bethalto, IL 62010. For information call (314)727-4786.

SITEMAN CANCER CENTER
BARNES-JEWISH HOSPITAL • WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
A National Cancer Institute-Designated Cancer Center

RACE DETAILS

COURSE: Beginning at Bethalto Police Deptartment, 5k loop through Bethalto. One mile fun run begins at 1:10pm.

AWARDS: Overall Male/Female and Overall Male/Female winner. Plus 14-under, 15-19, Ten year age groups between 20-29 thru 60-69 plus 70 plus.

SHIRTS: Guaranteed if registered up to Race Day.

PACKET PICK-UP: Race Day at 11:00 am at the park.

PROCEEDS: All the proceeds go to Siteman Cancer center and to Dan's family to help with medical expenses.

ENTRY FEES:

- ☐ $25 by Sunday, December 9th, 2012
- ☐ $30 December 10th through Race Day (beginning at 11:00 am)

REGISTRATION

- In Person—Any Missouri Running Co. location
- By Mail—Missouri Running Co., 606 North & South Rd., U. City, MO 63130
- Checks payable to: MO Running Co.
- No Refunds.
- Online—**onestoprace.com**

For information visit: www.morunco.com

DASH FOR DAN INFORMATION (COMPLETE ENTIRE FORM. ONE PERSON PER FORM. FORM MAY BE DUPLICATED.)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # ___-___-____

☐ Male ☐ Female DOB __/__/__ Age on Race Day ___

Email _____

PREFERRED TECHNICAL-SHIRT SIZE (CHECK ONE.)

Men's Sizes: ☐ S ☐ M ☐ L ☐ XL Women's Sizes: ☐ S ☐ M ☐ L ☐ XL

missouri running co

WAIVER OF LIABILITY: In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages, actions and causes against Missouri Running Co., all sponsors, and any individual or group associated with this event from all claims and liabilities resulting in my participation. I attest and verify that I am physically fit and have sufficiently trained for this event. I assume all risks in this event including, but not limited to falls, contact with other participants, effects of the weather, road conditions, all such risks being known and appreciated by me. Further, I hereby grant permission for the free use of my name and/or any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. (Participants under 18 must have parental signature.)

X _____

SIGNATURE OF ATHLETE OR PARENT/ GUARDIAN IF ATHLETE IS UNDER 18-YRS-OLD **DATE**

$ _____

TOTAL FEES DUE