

Dream Walk and 5k

May 6, 2018 at Woodland Park in Portage, IN

Make a change in the community and in lives!

Name: _____ Age: _____ Gender: _____

Address: _____

City, State, Zip Code: _____

Contact email: _____

Phone Number: _____

T-shirt Size (please circle)

Youth: Small Med Large X-Large **Adult:** Small Med Large X-Large XX-Large XXXL(+\$3)

Amount Enclosed:

___ \$15/person for Dream Walk ___ \$25/person for 5K

___ \$35/person for Dream Walk & 5K ___ Free Kids Dash

___ Free Dream Walk for individual with disabilities

Event Schedule:

7:30-8:30 5K Registration & Packet Pickup

9:00 5K Starts

9:00 Dream Walk Registration

10:30 Dream Walk Starts

12:00 Kids Dash Starts

12:00-2:00 Celebrate our Superheroes!
Special Needs Resource Fair.

Dream Walk Participants please provide details about your group:

Dream Walk Team Name: _____

- Email a photo of the person the team is celebrating and a paragraph including his or her age and information about their accomplishments and dreams for the future to DreamRun5K@ChasingDreams.org. Family Teams with over 20 registered walkers will have their team name listed on their shirts. (Deadline April 14)

Awards for 5K Run presented to top overall Male & Female finishers & top finishers in each age group. Computerized timing provided by T&H Timing.

Make checks payable to: **Chasing Dreams, Inc, P.O. Box 1513, Valparaiso, IN 46383**

All mail in Registrations must be post marked before April 14, 2018

Online Registration available at

<http://runsignup.com/Race/IN/Portage/DreamRu5K>

Waiver and release of liability: In signing this form, I assume all risk and responsibility associated with running this event. I agree to waive any responsibility for injury or loss for Chasing Dreams Inc, sponsors, Calumet Region Striders, volunteers, or nay other entity associated with this event. I grant permission to the above to use my image via photographs, video recordings or any other record of this event for any legitimate event purpose. I verify that I am physically fit and have trained sufficiently for this event.

Signature: _____ Date: _____

Print Name: _____

Parent or Guardian if under 18: _____

