

2018 MEMORY/HONOR BOARD SUBMISSION FORM
(Please Print)

I would like to make a donation (check all that apply):

In Memory of _____,
(name)
_____, who lost her battle with ovarian cancer.
(age)

In Honor of _____
(name)
who is an ovarian cancer survivor of _____ years.

Amount of Donation: \$ _____

Enclosed is a non-returnable photo to be displayed on the 2018 Memory/Honor Board. Photo may be scanned and emailed to President@deovariancancer.org.

Your Name: _____

Address: _____

Phone Number: _____

Email: _____

Make checks payable to "DOCF Fund at DCF"
(Teal Ribbon 5K in memo line).

Send this completed form, photo (optional)
and check by April 20th to:

2018 Teal Ribbon 5K
Memory/Honor Board
Delaware Ovarian Cancer Foundation
701 Sweetleaf Drive
Wilmington, DE 19808

The DOCF Fund maintains a special purpose fund at the Delaware Community Foundation, a 501(c)(3) organization. All donations are tax deductible. Your canceled check is your receipt.

Thank you for your support and generosity!



Sunday, May 6, 2018
(Rain or Shine)

Riverfront Wilmington, DE
Lot E
(across from Chase Center, near I95)



In Support of Research at the



CHRISTIANA CARE
HEALTH SYSTEM

Helen F. Graham Cancer Center
& Research Institute

Hope for the Present...a Cure for the Future

2018 RUN/WALK REGISTRATION FORM

Photocopies accepted.

*Must complete a separate form for each participant, including signature(s).
Participants under 18 must have legal guardian's signature.*



2018 Honorary 5K Co-Chairs

Lt. Governor Bethany Hall-Long
Representative Michael Ramone



Schedule of Events

- 7:45 am Registration Opens
- 8:15 am Survivors Group Photo
- 8:40 am Opening Ceremony
- 9:15 am Warm-up
- 9:30 am Run/Walk Begins



****Memorial Dove Release** courtesy of Thompson's Bird Farm prior to start of race.



Pre-Registration

Pre-register online at races2run.com or complete the attached 5K registration form and mail to **DOCF** by **April 30, 2018**. Registration forms also can be accessed on our website at www.deovariancancer.org

T-shirts guaranteed for all pre-registrants only.



Team Running/Walking

Join forces (work, home, church, school, etc.) and form your own *Team of 5 or more members*. This is a great way to show your combined support, as well as share in the fun of the day.



Survivors Table

Ovarian Cancer Survivors are asked to sign-in as our honored guests and pick up a special gift! Please be sure to join our group photo at 8:15 am.



Exhibitors

Representatives from local organizations and companies will share information about their services and will be available to answer questions.



Volunteers Welcome!!!!

Assistance is needed with various events dedicated to raising funds for the Delaware Ovarian Cancer Foundation Research Initiative at the Helen F. Graham Cancer Center and Research Institute.

Contact **DOCF** to join our fight against ovarian cancer:
President/Survivor Dorianne Short 302-998-6889 or
President@deovariancancer.org

For additional 5K information:

www.deovariancancer.org www.races2run.com

For 5K questions:

DOCF5K@deovariancancer.org 302-998-6889

Last Name <i>(Please Print)</i>		First Name	
Mailing Address			
City		State	Zip
Phone Number (including area code)			
Email Address			

I am Running Walking Gender: M F Age _____

T-shirt Size: S M L XL XXL (if available)

Ovarian Cancer Survivor: Yes Year Diagnosed _____

Team Member Number of people on team: _____

Team Name: _____

How did you hear of our 5K? _____

Registration Fees (check only one):

General \$25 Pre-reg.; \$30 Day-of

Student \$20 Pre-reg \$25 Day-of

Children age 5 years and under free (no T-shirt)

Make checks payable to "DOCF Fund at DCF"
(Teal Ribbon 5K in memo).

Mail registration form(s) and check **no later than April 30th** to:

DOCF Teal Ribbon 5K Run/Walk
701 Sweetleaf Drive
Wilmington, DE 19808

(or pre-register online at www.races2run.com)

I am unable to participate in the Run/Walk. Please accept my donation of \$_____ (donations *In Memory or Honor*, please use other side).

Thank you for your support and generosity!

DOCF maintains a special purpose fund at the Delaware Community Foundation, a 501(c)(3) non-profit organization. All donations are tax deductible. Your canceled check is your receipt.

Release Form: I, the undersigned, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for losses and damages I may have against the City of Wilmington, DOCF race directors, volunteers and sponsors for any and all injuries suffered by me in said event. I attest that I am sufficiently physically fit and have no medical condition that prevents me from safely participating herein. Further, I hereby grant my permission to any and all forgoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever.

<i>Signature of Participant</i>	<i>Date</i>
<i>Legal Guardian if under 18</i>	<i>Date</i>