

15th Annual  
**DOROTHY'S DASH**  
 2018 • Benefiting MS  
**5K & KIDS K**

Saturday, November 10  
 Flower Mound High School,  
 3411 Peters Colony Road,  
 Flower Mound, TX 75022



Help the Town commemorate Dorothy's battle with MS by participating in the 2018 Dorothy's Dash 5K race and Kid's K. Former Town of Flower Mound employee Dorothy Walkup, lost her battle with Multiple Sclerosis on November 16, 2004. Net proceeds will benefit the Texas Chapter of the Multiple Sclerosis Society in Dorothy's honor.

### Race Day Schedule

7:00am On Site Registration/Chip Pick-Up  
 7:45am Race Warm-up  
 8:00am Kid's K  
 8:30am 5K Run/Walk  
 After the race participants can enjoy music, refreshments, and awards.

### Categories/Awards

Awards will be given to the male and female winners as well as the first three finishers in each age category. All Kid's K participants will receive a medal. There will be no duplication of awards. 5K Categories: 9 and under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+.

### Registration

	Through Oct 27	Oct 28-Nov 9	Race Day
Kid's K	\$15	\$20	\$20
5K	\$20	\$30	\$35
Group Rate (10+)*	\$15	\$25	N/A

Register in person at the Community Activity Center (CAC), 1200 Gerault Road, Flower Mound, TX 75028, or online at [www.flower-mound.com/dorothysdash](http://www.flower-mound.com/dorothysdash). Please note that online registration will close November 6.

\*To qualify for the group rate, all entry forms and payment in full for all group members must be submitted at the same time. Please call 972.874.6281 for more information.

Sponsored by: **Medical City Children's Urgent Care**



Register online, or in person at the CAC.  
 For more information, call 972.874.6281, or visit  
[www.flower-mound.com/dorothysdash](http://www.flower-mound.com/dorothysdash)



# 2018 Dorothy's Dash Official Entry Form

Group Name (if applicable): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Race Day Age: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex (circle one): M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Race Entry (circle one): 5K or Kid's K Chip Timing (circle one): Yes or No

Shirt Size (circle one): Youth: S M L XL Adult: S M L XL XXL

Payment Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional amount to donate to MS (optional): \_\_\_\_\_ TOTAL: \_\_\_\_\_



## Packet Pick-Up

Community Activity Center  
1200 Gerault Road  
Flower Mound, TX 75028

November 8, 3:00pm - 10:00pm

November 9, 5:00am - 9:00pm

Packets can also be picked up at the event site the morning of the race.

"I know that running or walking a road race is a potentially hazardous activity. I understand and agree that I should not enter and run or walk unless I am medically able and properly trained and that my signature hereon affirmatively represents that I am fully capable of running and completing this race. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. **Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release, The Town of Flower Mound, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even if that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.** I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. Race will be held regardless of weather conditions. Registration is final, no refunds."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (entrant or parent/guardian if participant is under age 18)

\_\_\_\_\_  
Date