



1st Ever

# Stache DASH

Liberty Lake, WA - Pavillion Park  
Saturday, June 3, 2017

9:00 am

5K Run / Walk

Strollers, wheelchairs, wagons welcome

No dogs on course please

ALL FUNDS RAISED  
REMAIN LOCAL

**Elevations: A Children's Therapy Resource Foundation**  
**Mission Statement: Elevating children with special needs to reach their full potential by providing access to the resources and support they need to improve their families' overall quality of life.**



**COMPLETE ONE REGISTRATION FORM FOR EVERY RUNNER/WALKER**  
Feel free to make copies for your friends, family and co-workers!

Please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Entry Fee: \$15 \_\_\_\_\_ T-shirt \$10 \_\_\_\_\_ Optional Donation\$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

**Register by May 25** to guarantee a t-shirt

Shirt size: (circle one) Adult S M L XL XXL Child S M L XL

Make checks payable to: **Elevations**

Mail entry form to Elevations 325 S University Rd Ste 203 Spokane Valley, WA 99206

Visa/MC #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

For more info contact Julie Hannan, email [julieh@elevationsspokane.org](mailto:julieh@elevationsspokane.org)  
Julie (509)370-1356 or check our website: [www.elevationsspokane.org](http://www.elevationsspokane.org)

**Please read and sign the following statement before submitting your entry:**

In consideration of the acceptance of my entry, I do hereby acknowledge that I assume all risks resulting there from, and I do hereby, for myself, my heirs, my executors and/or administrators, waive, release, and forever discharge Elevations: A Children's Resource Therapy Foundation and all sponsors, organizers, their officers, agents, assigns and volunteers from any and all cost and liability arising from illness, injuries, or damages I may suffer as a result of my participation in the Stache Dash. I further consent to have my photograph taken during this event and used in print, broadcast and electronic media for the purpose of promoting the mission of the Elevations: A Children's Therapy Resource Foundation .

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent/Guardian if participant is under 18 years of age)