



# Darla Jacobs Memorial Scholarship 5K Run/Walk April 28, 2019



Darla Jacobs was a teacher at Dillsboro Elementary School for 31 years. She unexpectedly passed away on May 15, 2018. The Dillsboro Elementary School PTO has created a memorial scholarship through the South Dearborn Dollars for Scholars. We will be awarding two \$500 scholarships to graduating seniors who attended Dillsboro Elementary School. All donations are tax deductible.

<p><b>Registration:</b> 12:00-1:00 p.m. – Day of Race  <b>Race Start Time:</b> 1:30 p.m. EST</p> <p><b>Location:</b> Dillsboro Ball Park          Front Street/Arlington Road          Dillsboro, IN 47018</p> <p>Pre-registration packet pick-up and race day registration will be at the Baseball Fields.</p>	<p style="text-align: center;"><b>Awards/Divisions</b></p> <p>Runner: Overall Male &amp; Female          Runners &amp; Walkers: Top 2 Male &amp; Female in each age group</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Under 8</td> <td style="width: 25%;">20-24</td> <td style="width: 25%;">45-49</td> <td style="width: 25%;">Over 70</td> </tr> <tr> <td>8-10</td> <td>25-29</td> <td>50-54</td> <td></td> </tr> <tr> <td>11-13</td> <td>30-34</td> <td>55-59</td> <td></td> </tr> <tr> <td>14-16</td> <td>35-39</td> <td>60-64</td> <td></td> </tr> <tr> <td>17-19</td> <td>40-44</td> <td>65-69</td> <td></td> </tr> </table>	Under 8	20-24	45-49	Over 70	8-10	25-29	50-54		11-13	30-34	55-59		14-16	35-39	60-64		17-19	40-44	65-69	
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### FUN RUN for 3<sup>rd</sup> Graders and under (after the 5K) – Cost \$10 and guarantees a T-shirt

5K Entry Fees: **Students-\$15, Adults-\$20** before April 21, \$25 day of race

**Pre-Registration guarantees a T-shirt**

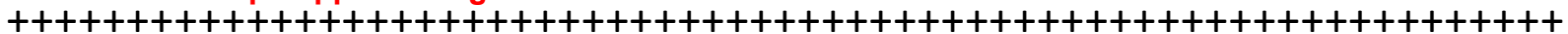
**Register @ the link below for the 5K, the Fun Run or if you would like to just be a VOLUNTEER!**

**Online Registration – [www.StuartRoadRacing.com](http://www.StuartRoadRacing.com)**

You can also send in a hard copy registration form below. We need a registration form filled out for anyone participating in the 5K, Fun Run or wanting to Volunteer. No Cost To Be A Volunteer!

<p><b>Mail entry form and fee to:</b>          Dillsboro PTO          13200 North Street          Dillsboro, IN 47018</p>	<p><b>Checks Payable to:</b>          SDDFS with Darla Jacobs          in the memo section</p>	<p style="text-align: center;"><b>Questions/Comments</b>          Anje Sizemore – 812-584-2501          Linda Hurelbrink – 812-584-4222</p>
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**We will have concession, raffle items and fun activities for the kids. Bring your family and help support this great cause. Raffle Prizes and awards will be after the Race!**



NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**T-Shirt Size: CIRCLE ONE**

**YOUTH SIZES:** YS      YM      YL

**ADULT SIZES:** S    M    L    XL    2XL    3XL

**CIRCLE ONE:**    MALE    FEMALE

**AGE ON RACE DAY:** \_\_\_\_\_

**CIRCLE ONE:**    RUN    or    WALK    for the 5K

FUN RUN-3<sup>rd</sup> Grade and Under

As a participant in Darla Jacobs Memorial Scholarship 5k, I, for myself, my executor, administrators, heirs, devisees and assigns do hereby discharge the Darla Jacobs Memorial Scholarship 5k, their management, their officers, board members, employees, members, sponsors, volunteers, organizers or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions, illnesses, death and causes whatsoever in any matter arising from or growing out of my participation or that of my child in the event. I attest and verify that I am, or my child (under 18), is medically able to participate, am physically fit and understand the dangers of running and assume all risks of participation in this event. I understand that I may be photographed, filmed or videotaped at the event. I hereby irrevocably grant to Darla Jacobs Memorial Scholarship, its affiliates, licensees and collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever, including advertising including the use of my name.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ (If Under 18)