

2016 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 2016 Memory/Honor Board. Photo may be scanned and emailed to [President@deovariancancer.org](mailto: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 18<sup>th</sup> to:

2016 Teal Ribbon 5K  
Memory/Honor Board  
Delaware Ovarian Cancer Foundation  
701 Sweetleaf Drive  
Wilmington, DE 19808

The DOCF Fund is a special purpose fund established 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!*

 Delaware State Tax Check-Off

Please support our mission by checking this box on the Delaware State Tax Form and donate \$1 or more to DOCF when preparing your taxes. Your donation will help fund much needed research for ovarian cancer.

 Ovarian Cancer Awareness Month

Remember. . . September is Ovarian Cancer Awareness Month. DOCF will be scheduling various events/activities to be announced on our website.

 Ovarian Cancer Awareness Stamp Petition

Please show your support by signing this petition and tell your family, co-workers and friends to sign as well.

<http://www.ipetitions.com/petition/ovcastamp/>

 Volunteers Welcome!!!!

DOCF welcomes volunteers to help raise awareness about ovarian cancer and ultimately save lives. Remember . . . the life you help us save could be your own or that of a loved one. Assistance is needed with various events dedicated to raising funds for cancer research to develop a reliable test for early detection.

Contact DOCF to join our fight against ovarian cancer. President/Survivor Dorianne Short, 302-998-6889 or [President@deovariancancer.org](mailto:President@deovariancancer.org)

**DIRECTIONS**

Dravo Plaza/Riverfront, Wilmington, DE

From I-95 South:

Take I-95 South to Exit 6 (Martin Luther King Jr. Boulevard). Turn left at the 4<sup>th</sup> traffic light onto Martin Luther King Jr. Boulevard. Turn right at the 3<sup>rd</sup> traffic light onto South Madison Street.

From I-95 North:

Take I-95 North to Exit 6 (Maryland Avenue) and turn right onto Maryland Avenue. Follow the signs to the Riverfront, turning right just before the 1<sup>st</sup> traffic light. Turn right onto South Madison Street.



**Sunday, May 1, 2016**  
(Rain or Shine)

**Dravo Plaza/Riverfront**  
**Wilmington, DE**



A Partner in Research with



Helen F. Graham Cancer Center  
& Research Institute

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

## About DOCF



The Delaware Ovarian Cancer Foundation (DOCF) was founded and established in 2009 by Dorianne Short, an ovarian cancer survivor, diagnosed in 2003.

The mission of the DOCF is to increase awareness and education about ovarian cancer among women and healthcare professionals in Delaware and the surrounding vicinity. DOCF is committed to research and provides support for women affected by ovarian cancer. Visit us at [www.deovariancancer.org](http://www.deovariancancer.org)

**\*\*\*DOCF is pleased to announce The Delaware Ovarian Cancer Foundation Research Initiative, supporting ovarian cancer research at the Helen F. Graham Cancer Center and Research Institute\*\*\***

### Know the Facts...

Ovarian cancer is the fifth leading cause of cancer related deaths in women age 35-74 and can affect women of all ages and ethnic backgrounds. *An estimated 1 woman in 70 will develop ovarian cancer during her lifetime. Each year more than 20,000 new cases of ovarian cancer are diagnosed.*

Since there is no reliable screening test, more than 75% of women are diagnosed in the later stages, resulting in a poor prognosis. Only 19% of cases are diagnosed early and recurrence is very common.

**A Pap Test does not detect ovarian cancer!**

### Know the Symptoms...

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Urinary symptoms (frequency or urgency)

### Other Symptoms may Include:

Extreme fatigue; indigestion, heartburn or upset stomach; back/leg pain; change in bowel habits (constipation, diarrhea); weight gain or weight loss; shortness of breath; menstrual irregularities; or pain during intercourse.

**These symptoms are non-specific and may mimic non-gynecologic conditions. See your doctor if any of these symptoms persist for more than 2 weeks. Early detection increases survival rate.**

## 2016 Honorary 5K Co-Chairs

Senator Karen Peterson  
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.



### Non-Perishable Food Donations



DOCF is collecting non-perishable items to donate to the Sunday Breakfast Mission in Wilmington, DE. Help those in need...drop your item(s) at the designated area at the 5K.

### Pre-Registration

Pre-register online at [races2run.com](http://races2run.com) or complete the attached 5K registration form and mail to DOCF by **April 24, 2016**. Registration forms also can be accessed on our website at [www.deovariancancer.org](http://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 sign-in at the Survivors Table and 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.

For additional 5K information:

[www.deovariancancer.org](http://www.deovariancancer.org) [www.races2run.com](http://www.races2run.com)

For questions:

[DOCF5K@deovariancancer.org](mailto:DOCF5K@deovariancancer.org)  
302-998-6889

## 2016 RUN/WALK REGISTRATION FORM

Photocopies accepted.

Must complete a separate form for each participant, including signature(s).

**Participants under 18 must have parent's signature.**

Last Name (Please Print) \_\_\_\_\_ 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 the Teal Ribbon 5K? \_\_\_\_\_

Registration Fees (check only one):

\$25 Pre-reg.;  \$30 day-of

\$20 Pre-reg or day-of for Students (w/valid student I.D.)

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 24th** to:

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

(or pre-register online at [www.races2run.com](http://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 established 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.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_