



Mission: Sara's Garden's mission is to provide the highest quality of educational and healthcare programming available and empower clients with disabilities to recognize and optimize their full potential. We strive to provide independence and the freedom to live life to its fullest!

History: On March 15, 2002 my sister Sara passed away due to complications that arose during the delivery of her first child, Jackson. Because he was without oxygen during the delivery, Jackson sustained trauma to his brain and was later diagnosed with Cerebral Palsy. Doctors informed us that the damage to Jackson's brain was permanent and would never improve. They gave us a list of things Jackson would never accomplish. They said that he would never walk or talk and would spend the rest of his life in a wheelchair. Our families refused to accept these grim predictions about what Jackson's life would and would not be. During our search and subsequent journeys across the country for treatments for Jackson, we met so many families who, like us, were emotionally, physically and financially strained trying to ensure that their loved ones were given every opportunity for increased independence. We decided to serve these families by establishing a 501(c)(3) non-profit organization called Sara's Garden.

Goal/Outcomes: Our consistent goal is serve those who cannot access our services elsewhere. One out of every 1,000 births results in a child with neuro motor disabilities such as cerebral palsy. As of today, one in every 88 children will be diagnosed somewhere on the Autism Spectrum (some data indicates the risk may be as high as 1:37 with Autism). Sara's Garden offers specialized services on one campus that are not found in conjunction anywhere else in the nation. The outcomes with students and clients are proving successful. Our students and clients are challenged to grow cognitively, emotionally, socially, functionally and physically on a daily basis.

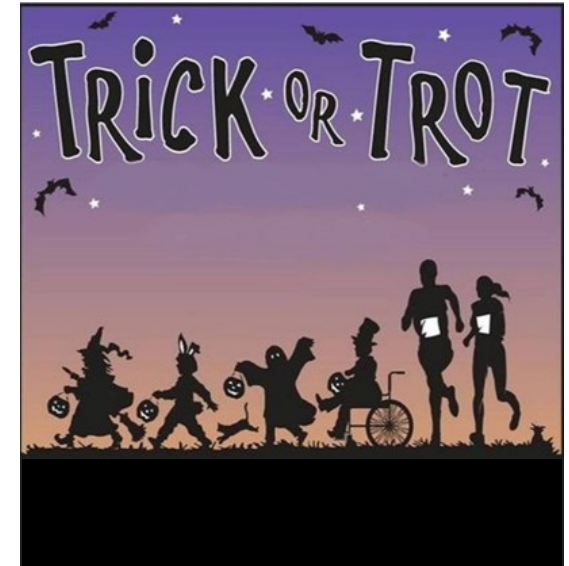
Race registration is fast and easy; simply scan here with your smart phone or tablet and you can register today!



WALGREENS DISTRIBUTION CENTER
28727 Oregon Rd.
Perrysburg, OH 43551

7th Annual TRICK OR TROT

5K Run & Zombie Walk



Saturday,
October 22, 2016

The Shops at
Fallen Timbers

Find us on Facebook! www.facebook.com/TrickOrTrot

7th Annual

Trick or Trot 5K & Zombie Walk



Benefiting

Sara's Garden

Saturday, October 22, 2016

8:30 a.m. at Fallen Timbers Mall

Sponsored by

Walgreens and Dave's Running Shop

RACE AWARDS

Overall male / female runners

Master male / female runners

Age Group Race Awards (male / female)

9 and under, 10-14, 15-19, 20-24, 25-29,

30-34, 35-39, 40-49, 50-59, 60-69, 70+

Costumes Encouraged!

The first 100 runners to check in on race day with a costume will receive a special treat!

EARLY PACKET PICK-UP

Dave's Performance Footwear, Perrysburg

Thursday, October 20 6PM - 8PM

RACE DAY REGISTRATION

7:15 am – 8:15 a.m. (Fallen Timbers Mall)

ENTRY FEES

Advanced registration includes t-shirt and other "treats"!

\$20.00 for registration postmarked on or before Friday, October 2, 2015

\$25.00 race day registration

(Minimum Shirt Sizes Available – Register early!)

Mail registrations & payment to:

Walgreens

28727 Oregon Rd.

Perrysburg, OH 43551

Attention: Sheryl Grauman

*Please make checks payable to **WALGREENS***

Online Registration Available!

Register online now through 10/20/16
www.davesraces.com

Please Print!

Name:

Street Address:

City/State:

Zip Code:

Phone:

(For registration questions only)

Birth Date:

Age (race day):

Gender: **M** **F**

Event:

5K Run/Walk _____ **1M Zombie Walk** _____

Shirt Size (circle):

Youth: S – M – L **Adult:** S – M – L – XL – XXL

E-Mail Address:

Waiver

In consideration of the acceptance of my entry in the Trick or Trot 5K and Zombie Walk, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for any damage and losses which I may have against the employees of Walgreens, the Shops at Fallen Timbers, and any persons or organizations connected with this event, from all responsibility for any injury to person or property traveling to, participating in, and returning from this event. I am aware that I may be running on a physically challenging course, in potentially adverse weather conditions including heat and/or humidity that could test my physical limits and carries with it potential for death and serious injury. I certify that I am physically fit and have trained sufficiently to handle the course and adverse weather conditions, should they occur.

Signature

Date: _____

Walgreens

DAVE'S
running
www.davesrunning.com

Sara's Garden 

Questions?

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Jen Enck : 419-662-4010

jennifer.enck@walgreens.com