

Sunday, October 6, 2019

Terry Trueblood Recreation Area

4213 Sand Rd SE, Iowa City

10:00 AM Race Start

10:15 AM Walkers, Fun Run Start



Registration 2019

FIRST NAME _____ LAST NAME _____ PHONE _____ GENDER: MALE FEMALE

ADDRESS _____ CITY, STATE, ZIP CODE _____

EMAIL _____ EMERGENCY CONTACT NAME AND PHONE NUMBER _____ ()

AGE BRACKET: (circle one) 0-14 YRS 15-24 YRS 25-39 YRS

40-54 YRS 55 and above

SHIRT SIZE: (circle one) SMALL MEDIUM LARGE

EXTRA LARGE XX-L XXX-L

PAYMENT METHOD:

CHECK (Please make payable to Team Breast Friends)

INVOICE

CREDIT CARD

Number _____

Exp Date _____ / _____ CVC Code _____

Event tshirts only guaranteed when registered on or before September 22nd.

\$2.00 charge for XX-L and larger.

REGISTRATION:

\$35 registration fee on or before 9/22/19

\$45.00 late registration fee after 09/22/19

Event day registration: cash or check only. Limited supply of shirts available.

For credit card registration go to www.getmeregistered.com

QUESTIONS? Email icbreastfriends@gmail.com or call (319) 530-1712.

PACKET PICK UP: Winans Chocolates & Coffee, 470 1st Avenue, Coralville | Thursday, October 3 | 4:00 - 7:00 pm

By my signature I (for myself, representatives) declare full responsibility for myself during participation in the 5K Rack Run. Furthermore, I waive and release any and all claims for damages against Team Breast Friends, event socials, workers, and volunteers for any and all injuries I may sustain in connection with this event. (Parent or guardian's signature required if runner is younger than 18 years old.)

PLEASE SIGN BELOW

- I have read, have understood, and do accept the agreement above.
- I understand that this is a legal document with effects that I approve of and authorize.
- The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.
- I am authorized to agree to the terms of this document on behalf of the registrant.
- If the registrant is under 18 years of age, incapacitated, or mentally impaired, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

You must be 18 years of age to legally complete this registration. If the registrant is under 18, an authorized adult must complete this form.

AGE OF PARTICIPANT _____

PARTICIPANT / GUARDIAN SIGNATURE _____

DATE _____ / _____ / 2019

Team Breast Friends is a local group of friends dedicated to bringing awareness and support to those affected by breast cancer. Your participation in this event allows TBF (non-profit organization) to continue working on it's mission to assist those in need during breast cancer treatment. Additional donations can be made payable to: Team Breast Friends, PO Box 55, Iowa City, IA 52244.

**NO PETS
NO BIKES
NO SKATES**