



10th Anniversary

5K RACK RUN

Sunday, October 13, 2024

Terry Trueblood Recreation Area | 4213 Sand Rd SE, Iowa City

Registration 2024

First Name _____ Last Name _____ Phone _____ GENDER: MALE FEMALE

Address _____ City, State, Zip Code _____

Email _____ Emergency Contact Name And Phone Number _____

Age Bracket: 0-14 yrs 15-24 yrs 25-39 yrs Would You Like To Be Chip Timed: Yes No
(circle one)

40-54 yrs 55 and above

Sweatshirt Size: Small Medium Large Payment Method:
(circle one)

\$2.00 charge for Extra Large XX-L XXX-L Check - Please make payable to Team Breast Friends
XX-L and larger PO Box 55, Iowa City, IA 52244

Credit Card

Number _____

Exp Date _____ / _____ CVC Code _____

10 year anniversary "special edition" sweatshirt only guaranteed by 9/29/24 registration.

Registration:

\$45.00 registration fee.

For credit card registration go to www.getmeregistered.com | **Questions?** Email icbreastfriends@gmail.com or call (319) 530-1712.

Packet Pick Up: Business & Financial Strategies - 2229 East Grantview Ln, Suite 1, Coralville, IA 52241 | Thursday, Oct. 10, 2024 | 3:30 - 6:00 pm

Please Sign Below

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.)

- 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 _____ / _____ / _____

2024

Mail to Team Breast Friends PO Box 55, Iowa City, IA 52244.

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.



BUSINESS & FINANCIAL STRATEGIES

Presenting Sponsor

Additional donations can be made payable to: Team Breast Friends, PO Box 55, Iowa City, IA 52244.