



# 5K RACK RUN

**Sunday, September 28, 2025**

Terry Trueblood Recreation Area | 579 McCollister Blvd, Iowa City  
**5K at 10:00 for Chip-Time and 10:15 Family Fun Run/Walk**



**KICK OFF** to  
Breast Cancer Month

## Registration 2025

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_ GENDER: ☐ MALE ☐ FEMALE

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact Name And Phone Number \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Age Bracket:** 0-19 yrs 20-29 yrs 30-39 yrs  
(circle one)

40-49 yrs 50-59 yrs 60+

**T-Shirt Size:** Small Medium Large  
(circle one)

\$2.00 charge for Extra Large XX-L XXX-L and larger

**Would You Like To Be Chip Timed:** ☐ Yes ☐ No

**Awards will be distributed in the Lodge at 10:45 AM.**

### Payment Method:

☐ Check - Please make payable to Team Breast Friends  
PO Box 55, Iowa City, IA 52244

☐ Credit Card

Number \_\_\_\_\_

Exp Date \_\_\_\_\_ / \_\_\_\_\_ CVC Code \_\_\_\_\_

### T-Shirt Guarantee Deadline - September 10, 2025.

Register by this date to ensure you receive an event T-shirt.

### Registration Fee: \$35.00

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

**Packet Pick Up:** Thursday, September 25th at Financial Integrators, 2229 East Grantview Ln, Suite 1, Coralville, IA 52241  
from 3:30 - 6:00 pm or on day of event starting at 8:30 am.

### 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 \_\_\_\_\_

2025

**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.



Presenting Sponsor

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

