



5K RACK RUN

Sunday, September 27, 2026

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



Registration 2026

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+

Would You Like To Be Chip Timed: Yes No
Awards will be distributed in the Lodge at 10:45 AM.

Same great event. New tradition. Socks you'll actually wear.

Women Sock Size: Small Medium
(circle one) Large
Men Sock Size: Medium Large XLarge
(circle one)

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

Credit Card
Number _____

Exp Date ____/____/____ CVC Code _____

Sock Guarantee Deadline - September 10, 2026.

Register by this date to ensure you receive your 5K Rack Run socks.

Registration Fee: \$35.00

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

Packet Pick Up: Financial Integrators, 2229 E Grantview Ln #1, Coralville, IA on Thursday, Sept 24th

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 I am a breast cancer survivor and would like to be recognized at the event.

Participant / Guardian Signature _____ Date ____/____/____ 2026

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.

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