

One person per entry form. OK to photocopy. Release at bottom must be signed and dated! Mail this page before October 6. After October 6, register at Mercy Women's Center or at race packet pickup. Please do not staple. Please be sure to complete ENTIRE form.

Participant's Name (first name/last name)

[Name input field]

Age on 10/12/08 [] []

Mailing Address

[Address input field]

I am a breast-cancer survivor.

City

[City input field]

State

[State input field]

Zip

[Zip input field]

Contribution Only

Entry Fee for Run/Walk

\$ 15 Youth (15 & under) []
\$ 20 through Sept. 17 []
\$ 25 Sept. 18 - Oct. 11 []
\$ 30 Day of Race []

E-mail Address

Race/Walk Event

Female

Male

5K Run

5K Walk

1 Mile Walk

5K Walk

1 Mile Walk

Contribution

\$ 18 for 18 years []
\$ 25 Bronze []
\$ 50 Silver []
\$ 100 Gold []
Other []

Adult Shirt Sizes

3 XL

2 XL

XL

L

M

S

Total Enclosed

[Total Enclosed input field]

Credit Card VISA Mastercard Discover

Exp. date ____/____/____

Youth Shirt Size

M only

Check one shirt size. If no size is indicated, the shirt size defaults to Adult large.

TEAM MEMBERS ONLY

Team Captain _____ Phone _____

E-mail address _____ Organization Business Family

Team Name

[Team Name input field]

Event Release: In consideration of your acceptance of this event entry, I for myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and causes of suit or action, known or unknown, that I may have against the *Especially for You*® Race Against Breast Cancer and any and all participating event sponsors, City of Cedar Rapids, and the directors, officers, employees and agents of such parties, for any and all injuries resulting from my participation in the said event, that I assume those expenses in the event of accident, illness or other incapacity regardless of whether I have authorized such expenses, and that I am physically fit and sufficiently trained to participate in this race. I release the rights to any and all photographic materials and computer information the event committee may choose to release to this event without obligation to me.

Date _____ Signature _____

Guardian if minor

Event release must be signed and dated! Make check payable to *Especially for You* and mail to: Mercy Women's Center • 701 10th Street SE • Cedar Rapids, IA 52403

Contribution Information

You may choose to make a contribution only or a contribution in addition to the entry fee (T-shirts are not provided for contributions only).

This year, participants can make an additional contribution of \$18 for 18 years.

All Bronze \$25, Silver \$50, and Gold \$100 contributions will receive special recognition in the race packets and results.

NOTE:

Contributions must be received by September 24 to receive special recognition in the race packets. Please indicate your contribution on the entry form. Checks can be made payable to *Especially for You*®.