

**NO
PETS**



Please be sure to complete entire form and print clearly. Registrations must be received by **September 30**.

After September 30, register at the *Especially for You* office at Mercy's Hall-Perrine Cancer Center.

Online registration is available at www.especiallyforyourace.org through midnight **October 5.**

(See back for additional entry forms for entrants using the same mailing address.)

***REQUIRED**

*Participant's First Name: _____ *Last Name: _____

*Home Mailing Address: _____ *Apt: _____

*City: _____ *State: _____ *Zip Code: _____ *Phone: (_____) _____

*Email Address: _____ *Age on 10/9/16: _____ *I am a Breast Cancer Survivor: Yes

CONTRIBUTION INFORMATION: *You may choose to make a contribution only or a contribution in addition to the entry fee.*

ENTRY FEE FOR RUN/WALK

- \$20 Youth (15 & under)
- \$30 through Sept. 15 (early)
- \$35 Sept. 16 - Race Day (late)
- \$5 Pancake Breakfast

TEAMS

TEAM PROCESSING FEE:

Every Team | Any Size Team | Logo or Non-Logo Team

TEAM CAPTAIN ONLY:

Team Processing Fee (See inside for details)

\$15

CONTRIBUTION

- \$26 for 26 years
- \$50 \$100
- Other: \$ _____

RUN/WALK EVENT: 5K Run (Chip Timed) 5K Walk (Not Timed) Family Fun Walk (Not Timed) GENDER: Female Male

RACE T-SHIRT: YM (10-12) S M L XL 2XL 3XL *If no size is indicated, the size defaults to large.*

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. By providing my email address, I am giving Mercy permission to send me updates on EFY-related information and upcoming events at Mercy. My email will not be shared with outside sources. I understand that if the event is cancelled due to inclement weather, no refunds will be issued. **EVENT RELEASE MUST BE SIGNED AND DATED!***



*Signature: _____ *Date: _____
(Parent or Guardian, if under 18.)

TEAM MEMBERS ONLY. RETURN THIS FORM TO YOUR TEAM CAPTAIN.

Team Name: _____

Team Captain: _____ Phone: (_____) _____

Email address: _____ Check one: Organization Business Family

OFFICE USE ONLY: \$ _____ TOTAL _____ DATE RECEIVED/DEPOSITED _____ INITIALS _____

PAYMENT INFORMATION:

Total Entry Fee(s): \$ _____ Payment: Visa Mastercard Discover Cash Check # _____
(Includes additional registrations from reverse side.)

Team Processing Fee: \$ _____ Card #: _____ Exp. Date: ____ / ____
(If applicable)

Total Contribution(s): \$ _____ Cardholder Name: _____
(Includes additional contributions from reverse side.)

Pancake Breakfast: \$ _____ CVN #: _____ Phone: _____
(From reverse side.)

TOTAL ENCLOSED: \$ _____ Make check payable to **ESPECIALLY FOR YOU** and mail to:
Especially for You, P.O. Box 787, Cedar Rapids, IA 52406-0787