


11th
annual!

Celebrate *Pink* 5K Run & Walk

Sunday, September 15, 2019 at 9:00 AM (registration opens at 7:30 am)



REGISTRATION FEES (circle one) \$30 adults Day of registration \$35 adults \$20 youth (under 14) *\$50 pink star*	FAMILY FRIENDLY We will have plenty to do for the entire family including kid's activities, a Fun Run, vendors, food, music and more!
* The Pink Star registration allows us to purchase a \$25 gift card for the Hope Chest at one of our hospitals and participants receive a special t-shirt and pin for their additional support.	PRIZES Prizes will be awarded to the overall top male & female finishers, the top three male & female finishers in each age group, the TOP FUNDRAISERS, and BEST COSTUMES!
	THIS EVENT BENEFITS MY BREAST CANCER SUPPORT An independent NH 501C3 non-profit organization providing financial and emotional support to breast cancer patients throughout the Greater Seacoast NH/ME area. www.MyBreastCancerSupport.org
NAME:	
STREET ADDRESS:	
CITY / STATE / ZIP:	
PHONE:	EMAIL: Please provide your email so we can send you important updates
DATE of BIRTH:	<input type="checkbox"/> Female <input type="checkbox"/> Male ARE YOU A BREAST CANCER SURVIVOR? _____
TEAM NAME:	(if applicable)
Please visit www.CelebratePink5K.org to learn how you and your team can RAISE FUNDS on our behalf (optional)!	

WAIVER: I understand that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event including, but not limited to falls, contact with other participants, the effect of the weather, including high heat or humidity, traffic and the conditions of the road, all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release My Breast Cancer Support, the City of Portsmouth, and all race sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature (If under 18 parent/guardian must also sign)

Parent / Guardian

MAIL THIS FORM WITH YOUR CHECK MADE OUT TO: My Breast Cancer Support, PO Box 1576, Portsmouth, NH 03802-1576

OR REGISTER ONLINE: www.CelebratePink5K.org

IMPORTANT : PLEASE USE THIS FORM ONLY UNTIL AUGUST 29, 2019 - AFTER THAT DATE YOU CAN REGISTER ONLINE UNTIL SEPTEMBER 11TH, 2019 OR THE MORNING OF THE EVENT