



**Pink. Pass it on in the District 13<sup>th</sup> Annual  
5K Walk for Breast Cancer Awareness  
Saturday, October 26, 2019  
Washington Park, Quincy, IL**

*Registration: 8:30 am Speaker starts at 9:30 am, walk begins immediately after speaker.  
Proceeds benefit the Blessing Breast Center Financial Assistance Program.*

**Official Entry Form** (each walker must complete an entry form)

Name \_\_\_\_\_ Gender Male Female  
(circle one)

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

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_ Current Age \_\_\_\_\_ Check the box if you are a breast cancer survivor

T-shirt size preference  S  M  L  XL  XX  XXX  Short Sleeve  Long Sleeve

*\*T-Shirts are provided for adults only. Registrations accepted up to the start of the walk.  
Please Register by Wednesday, October 23, 2019 for guarantee of your shirt style and size.\*  
(Sizes/Styles of T-Shirts for registrations received after October 23rd may not be guaranteed.)*

Donation: Minimum = \$25 \_\_\_\_\_ More than \$25 \_\_\_\_\_ (write in amount) Child under 12 (Free) \_\_\_\_\_

**Make check payable to The Blessing Foundation, and write "5K Walk" on the memo line.**

**Mail this completed form and check to:**

**Blessing Breast Center  
Dawn Jenkins  
927 Broadway, Suite 320  
Quincy, IL 62301**

Additional registration forms may be found on  
**www.Blessing3D.org**  
For more information on the Walk, go to  
**www.pinkpassiton.com**

**Waiver/Release (Signature required)**

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the "Pink. Pass it on in the District 5K Walk for Breast Cancer Awareness", (2) In consideration for my registration to participate in the "Pink. Pass it on in the District 5K Walk for Breast Cancer Awareness" being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation, and (3) I hereby grant the The District and Blessing Hospital specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the "Pink. Pass it on in the District 5K Walk for Breast Cancer Awareness".

Yes, please contact me about future Breast Cancer events via  Email  Mail

No, please do not contact me about future Pink. Pass It On Walks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(If participant is under the age of 18,  
parent/guardian also signs here)*

**CUT ALONG LINE ABOVE AND SAVE THIS PART OF THE FORM FOR YOURSELF!**

**\*\* Participants will pick up shirts on Friday, October 25, between 2 p.m. and 6 p.m.,  
on 6th Street between Maine and Hampshire. \*\***

**Additional Event Information:** Window clings and "In honor of" buttons will be available for purchase at the time of t-shirt pick up and on the day of the event, or at the park on the day of the walk.