

Hosted by:



Proceeds benefit the  
Blessing Breast Center  
Financial Assistance Program.

# Pink. Pass it on in the District 19<sup>th</sup> Annual 5K Walk for Breast Cancer Awareness Saturday, October 25, 2025 Washington Park, Quincy, IL

Registration: 8:30 am | Speaker starts at 9:30 am,  
walk begins immediately after speaker.

## 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  Short Sleeve | Adult:  S  M  L  XL  2XL  3XL  
(select sleeve length & shirt size)  Long Sleeve | Youth:  S  M  L  XL

*\*Registrations accepted up to the start of the walk. Please Register by Wednesday, October 22, 2025 for guarantee of your shirt style and size.\*  
(Sizes/Styles of T-Shirts for registrations received after October 22nd may not be guaranteed.)*

Donation: Minimum = \$25 \_\_\_\_\_ More than \$25 \_\_\_\_\_ (write in amount)

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  
927 Broadway, Suite 320  
Quincy, IL 62301

OR

Register online at [blessinghealth.org/pink5k](http://blessinghealth.org/pink5k)  
For more information on the walk, visit [pinkpassiton.com](http://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 Pink. Pass It On Walks.  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!

\*\* Pre-registered participants can pick up their shirts on Friday, October 24, between 7:30 am and 5 pm,  
at the Blessing Breast Center, 927 Broadway East Entrance, 3rd Floor Suite 320. \*\*

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