## www.mbcc.org or 800-649-MBCC for event day schedule and more information



## ☐ BREWSTER □ HOPKINTON

You are encouraged to register online at www.mbcc.org/swim and create a personal pledge page for easy online fundraising. Send your collected pledges to the MBCC office as early as possible. You can also bring your collected pledges on the day of the event.



| WALK   | Team Name (if applicable)   |   |            |                           |  |  |
|--|---|---|------------|---------------------------|--|--|
| WILLIAM OVER THE STATE OF THE S |   |   |            |                           |  |  |
|  | Address   | City  | _ State    | Zip                       |  |  |
|  | Phone (day)   | (evening)   |            |                           |  |  |
| Against the Tide   | E-mail  | Iathon Swim + USATF Certified 5K Run Recreational 1 mi Swim Iathon Swim + USATF Certified 10K Run Recreational 2 mi Kayak Recreational 3 mi Walk Recreational 3 mi Walk |            |                           |  |  |
| MY GOAL IS TO RAISE  | EVENT:  | USATF Certifi   | ed 10K Run |                           |  |  |
| □ \$2,500 □ \$500 □ \$1,000 □ \$175  | <ul> <li>□ Aquathon Swim + USATF Certified 5K Run</li> <li>□ Aquathon Swim + USATF Certified 10K Run</li> <li>□ USATF Certified 5K Run</li> </ul> | ☐ Recreational  | 2 mi Kayak | the EVENT DAY SCHEDULE at |  |  |
| Please make checks payable to Massachusetts Breast Cancer Coalition. Contributions are tax-deductible. Register on-line at www.mbcc.org/swim   | Parent/Guardian signature is needed if participant is under 18  I am participating in honor/memory (circle one) of                                |   |            |                           |  |  |
| I cannot attend, but I want to support the MBCC v  | with a contribution of $\square$ \$200 $\square$ \$150 $\square$ \$50 $\square$   | Other \$  |            |                           |  |  |

## **REGISTRATION FEES (NON-REFUNDABLE):**

\$40 for first event (\$80 for Aquathon event) \$40 for each additional event

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|---------------------------|--------------------|----------------|------------------|---------------|
| SPONSOR'S NAME            | ADDRESS            | CITY/STATE/ZIP | PLEDGE<br>AMOUNT | TOTAL<br>PAID |
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| Special prizes for top fu |                    | 1              | \$               | \$            |