

To register for the RABC 5K event, please print this page on your printer. A registration form must be completed for each participant. Complete the entire form and sign the waiver statement. Mail the completed form(s) with check or money order payable to the Race Against Breast Cancer to: RABC, PO Box 4458, Topeka, KS 66604-0458.

The 19th Annual Race Against Breast Cancer- September 11, 2010

Please Print

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip + 4 _____

Age (required) _____ Telephone(_____) _____ Email _____

Gender: ___ Male ___ Female Category: ___ Runner ___ Walker ___ Volunteer ___ Donation (no entry)

Are you a Breast Cancer Survivor? _____

Please indicate shirt size needed

Child: S__ M__ Adult: S__ M__ L__ XL__ XXL__ (add \$1.50)

___ No T-Shirt: I donate the cost of the shirt to the project

Please Complete the Following:

Individual Entry (before Sept. 1) - \$20 \$ _____

*Family is designated as direct family relation. Examples would be: parent, child, aunt, uncle, cousin.

*Family Entry-3 related individuals only (before Sept. 1) - \$50 \$ _____

_____ (no.) of Additional *Family Members X \$7.00 \$ _____

Individual Entry (after Sept. 1) - \$25 \$ _____

*Family Entry-3 related individuals only (after Sept. 1) - \$55 \$ _____

Donation (no entry) \$ _____

Add \$1.50 for each XXL shirt \$ _____

Donation for quilt (suggested \$2 for 1 ticket or \$10 for 6 tickets) \$ _____

Total Amount Due (NO REFUNDS) \$ _____

Waiver Statement (must be signed and submitted with registration)

Returned checks are subject to a \$30 processing fee.

As an entrant in The Race Against Breast Cancer, I assume complete responsibility for injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold harmless the sponsor, promoters, and all other persons associated with the event from any and all liability for injury or damage, whether caused by negligence of the sponsors, promoters or other persons associated with this event or otherwise. I grant permission for any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. I understand that my rental chip must be returned within seven days of the event or I will be assessed the \$30.00 purchase price.

X _____

Signature (parents signature required if participant is a minor)

Date