

THE Barbara Bates FOUNDATION

4th ANNUAL 5K BREAST CANCER RUN/WALK



Proceeds benefit Mount Sinai Hospital

Saturday - August 19, 2017

Douglas Park Field House 1401 S. Sacramento Drive – Chicago, IL 60623

Starting Time: 8:30AM promptly – please arrive between 6:30-7:30AM for t-shirt pick up

For more information and online registration visit barbarabatesfoundation.org

Please Complete Entry Form Below – contact 312.808.8091 or email kobcwithbbates@yahoo.com with questions.

Make Checks Payable to: Barbara Bates Foundation and mail to Bates Designs – 2031 S. Indiana Chicago, IL 60616

Please **PRINT** legibly and fill out completely

Race: Run _____ Walk _____

Name (First): _____ (Middle Initial): _____ (Last): _____

Gender: M _____ F _____ Age on race date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Email: _____

Are you a: Individual Walker/Runner _____ Team Walker*/Runner* _____ **Note: Teams consist of 20 or more*

Team Name: _____

Team Leader Name: _____

<p>Registration Entry Fee: \$55.00 (includes processing fee)</p> <ul style="list-style-type: none"> No refunds Registration Open Through August 12, 2017 Must be registered by August 12, 2017 to be guaranteed a T-shirt *Team size consist of 20 + Children ages 12 and under walk FREE with an accompanied adult or guardian Children ages 12 – 18 require a registration entry fee and parent's signature 	<p>T-Shirt Size: (Check One) ADULT:</p> <ul style="list-style-type: none"> S _____ M _____ L _____ XL _____ Other _____
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In consideration of this entry being accepted, I hereby for myself, heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against the Barbara Bates Foundation, Mount Sinai Hospital and Chicago Park Districts, race officials, and all sponsors, of all claims or liabilities of any kind arising out of my participation in this event or while traveling to and from. I allow any photographs or materials from this event to be used to publicize this or future Barbara Bates Foundation events.

Signature Required _____

Date _____

(Parent's Signature if Under 18) _____

Date _____

Sponsored By

