

Preregistration Deadline: Friday, Oct. 5, 2007

Individual entry fee run/walk \$17; late registration \$20. Family fee (parent/guardian with dependent children under 18 years old) \$40; late registration \$45.

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email _____

Team Name _____

Adult Shirt Size: S M L XL XXL (add \$2)

Youth Shirt Size: S (6-8) M (10-12) L (14-16)

I don't want to receive a T-shirt. Use these funds to further support the work of the American Cancer Society.

(Please note: If you choose not to receive a T-shirt, you won't need to pick up a packet.)

We guarantee T-shirt size only to preregistered participants.

Waiver: In consideration of signing this agreement, I hereby assume for myself and/or my child any and all risks which might be associated with the American Cancer Society Run/Walk. I waive any and all rights and claims which I may have against the organizers and sponsors of this event, the American Cancer Society, their representatives, successors, and assigns for any and all injuries or damages of any kind whatsoever suffered by me and/or my child as a result of taking part in the event and any related activities.

Signature _____ I am a breast cancer survivor.
(We must have the participant's signature or a parent/guardian's signature for children under 18.)

Event: (Please check one)

- 2-Mile Walk | 5-Mile Walk
 2-Mile Fun Run | 5-Mile Run
(noncompetitive) | Wheelchair

Age _____
(Required for 5-mile chip-timed competitive run.)

Male Female

I'm enclosing a donation of \$10 (minimum) for a lumina^{ria} bag **in honor/in memory** (circle one) of

_____ (name)

Mail your registration form and fee to:

American Cancer Society
15th Annual BCA Event
3311 S. Packerland Drive
De Pere, WI 54115

Or register online at **www.breastcancerwalk.org**.
Call **920-338-1542, Ext. 116**, for more information.