



**October 7, 2017 8 a.m.  
Runners and Walkers**

Start and finish in front of  
Cedar Falls Library

Registration fee includes  
official Pink Ribbon T-shirt

All proceeds benefit the Beyond Pink TEAM

**QUESTIONS:** Call 319-277-0213 or email pinkribbonruncf@gmail.com  
*No T-shirt guarantee after 9/22/2017*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Age as of 10/07/17 \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M \_\_\_\_ F \_\_\_\_

Team Name (for groups of 10 or more, if applicable) \_\_\_\_\_

T-shirt size (circle one) S M L XL XXL  Long sleeve t-shirt add \$10

I am a breast cancer survivor—# years \_\_\_\_\_

\* Breast cancer survivor registration fees covered by our Survivor Sponsor, Community Auto Group.

**Registration fee - \$30\* until Sept 22, \$35\* after Sept 22** \*online processing fees not included

**Online registration link found at [www.beyondpinkteam.org](http://www.beyondpinkteam.org)**

Memory Yard Sign Purchase \$30  
(Deadline to order is Sept. 22)

Name of person you are honoring:

\_\_\_\_\_

Message on sign (40 characters or less):

\_\_\_\_\_

Check box option:

- I will pick up my sign after the race at Jennifer's OR
- I want to donate my sign to be used in future Pink Ribbon events.

**Checks payable to**

**The Beyond Pink TEAM**

Send to  
Community Main Street  
206 Main Street, Suite B  
Cedar Falls, IA 50613

Entry fee: \_\_\_\_\_

Donation: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

**WAIVER:** In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the the City of Cedar Falls, Cedar Falls Community Main Street or any sponsor or contributor to this event and their representatives, successors, and assigns for any and all claims of liability of any kind arising out of my participation in this event. I agree to abide by any decision of the race official relative to my ability to safely complete this run. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. Further, I hereby grant full permissions to any and all of the aforementioned parties to use my name, likeness and voice, as well as any photographs, videotapes, motion pictures, recordings, or any other record of this event in which I may appear for any legitimate purpose.

Signature\* \_\_\_\_\_  
Date \_\_\_\_\_

\*By parent or guardian, required if applicant is under 18



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## Race Day Schedule

- 7-8 a.m. Registration  
Check-in  
Packet pickup\*
- 8 a.m. Opening ceremony  
Race begins
- 9 a.m. Refreshments & coffee  
Door prizes  
Testimonials
- 9:30 a.m. Race results  
Awards

\*Packet pickup is also available Friday,  
October 6, 4:30-7 p.m. at the Cedar Falls  
Community Center

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TEAMS (groups of 10 or more) will be given a reserved location in front of the Community Center to gather for pre & post race festivities, weather permitting. Feel free to arrive early to “decorate” your spot. Team prizes to be awarded.

Email [pinkribbonruncf@gmail.com](mailto:pinkribbonruncf@gmail.com) to reserve.



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Presenting Sponsors



Your Community.  
Your Credit Union.

