



10th Annual Hope 4 You Breast Cancer 5k Run and 1 Mile Walk

Saturday, June 3rd, 2017 at Missouri Southern State University, Joplin, Missouri
3950 East Newman Road, Just North of Hughes Stadium

Proceeds from RACE4HOPE Race/Walk will benefit Hope 4 You Breast Cancer Foundation, an organization with the mission of working with the local area to raise awareness, provide support, offer education and instill HOPE for those afflicted with and affected by Breast Cancer.

RACE DAY SCHEDULE:

- 6:30 AM – Registration
- 7:30 AM – Survivor Ceremony
- 8:00 AM – Race 4 Hope
- 9:00 AM – Awards and Presentations

LOCATION:

MSSU Tom Rutledge Cross Country Course, 3950 E. Newman Rd, Just North of Hughes Football Stadium
Rain or Shine!

This course has hosted the NCAA II Cross Country Championships.
Timing by The Runaround Running & Lifestyle Co.

ENTRY FEES:

- Under 12 - \$15 (One size T- Shirt fits all)
- 12 and Up - \$25.00
- Breast Cancer Survivor -\$15.00
- Registration Day of Race \$30
- All Payments Final; No Refunds

Early Check-in/T-Shirt Pickup:

Friday, June 2nd, 3-6 pm
The Runaround, 422 S. Main, Joplin, MO

Honor and Memorial Flags:

Sold Out of the Race for \$1

AWARDS:

Awards will be given to the top three male and female finishers in the following age categories:
Participation medals for all 10 & under.

- 15 & under 16-19 20-24
- 25-29 30-34 35-39 40-44
- 45-49 50-54 55-59 60 plus

Team Awards:

- Largest Team
- Largest Corporate Team
- Most Money Raised

TO REGISTER ONLINE, PLEASE VISIT WWW.HOPE4YOUBCF.ORG

Hope 4 You 5K Run/Walk Registration

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

DATE OF BIRTH (MM/DD/YY) _____ AGE _____ SEX: M/F _____

ENTRY CATEGORY: 5K 1 MILE WALK

T-SHIRT SIZE(REGISTER BY 5/1 TO GUARANTEE T-SHIRT ON RACE DAY)
 XS S M L XL XXL

BREAST CANCER SURVIVOR \$15
 12 AND UP - \$25
 UNDER 12-\$15 (ONE YOUTH SIZE FITS ALL) UNLESS INDICATED ABOVE
 KIND DONATION ONLY \$25 INCLUDES T-SHIRT
 IF PART OF A TEAM, LIST TEAM NAME _____

In consideration of your accepting this entry form, I, the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Hope 4 You Breast Cancer Foundation, MSSU and the officials and sponsors of the Race 4 Hope. I acknowledge that I am aware of the inherent risks of participation in an athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for this event. Further, I grant full permission to the Hope 4 You Breast Cancer Foundation to use photographs, videotapes, motion pictures and recordings of me, or any other record of this event for any legitimate purpose.

SIGNATURE _____

DATE _____

(IF UNDER 18, YOU MUST HAVE A PARENT OR GUARDIAN SIGN)

**MAKE CHECKS PAYABLE TO HOPE 4 YOU BREAST CANCER FOUNDATION.
REGISTRATION SHOULD BE SENT TO:**

**RACE 4 HOPE/REGISTRATION
HOPE 4 YOU BCF
P.O. BOX 816
JOPLIN, MO 64802
POSTMARK BY MAY 23RD, 2017**



OFFICE USE ONLY PAYMENT METHOD

_____ CASH _____ CHECK CHECK# _____