



SEPTEMBER 19 • SEPTEMBER 26

Please send your collected pledges to the MBCC office at:
Post Office Box 202
Franklin, MA 02038



Your Name _____

Team Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

E-mail _____

- EVENT: Competitive 1 mi Swim Recreational 1 mi Swim
 Aquathon Swim + 5K Run Recreational 1/2 mi Swim
 Aquathon Swim + 10K Run Recreational 2 mi Kayak
 5K Run Recreational 3 mi Walk
 10K Run 1/2 mi Stand Up Paddle

Parent/Guardian signature is needed if participant is under 18

I am participating in honor/memory (circle one) of _____

MY GOAL IS TO RAISE

- \$2,500 \$500
 \$1,000 \$175

Please make checks payable to Massachusetts Breast Cancer Coalition. Contributions are tax-deductible. Register on-line at www.mbcc.org/swim

I cannot attend, but I want to support the MBCC with a contribution of \$200 \$150 \$50 Other \$ _____

REGISTRATION FEES (NON-REFUNDABLE): \$40 for individual participants
 \$100 for family registration (up to 5 members)

SPONSOR'S NAME	ADDRESS	CITY/STATE/ZIP	PLEDGE AMOUNT	TOTAL PAID
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Special prizes for top fundraisers!

MASSACHUSETTS BREAST CANCER COALITION
 PO Box 202, Franklin, MA 02038 • www.mbcc.org • 800-649-MBCC

\$ _____ \$ _____
 Total Pledge Total Paid