

MINIMUM DONATION OF \$175 PER PERSON IS REQUIRED FOR PARTICIPATION



2014

MY GOAL IS TO RAISE

- ☐ \$175 (min. per person)
☐ \$500 ☐ \$1,000 ☐ \$2,500

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

- ☐ HOPKINTON Saturday, June 21, 2014
☐ BREWSTER Saturday, August 16, 2014

You are encouraged to register online at www.mbcc.org/swim and create a personal pledge page for easy online fundraising. Send your collected pledges to the MBCC office as early as possible. You can also bring your collected pledges on the day of the event.

Minimum \$175/person to participate.



Your Name _____

Team Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

E-mail _____

- EVENT: ☐ Competitive 1 mi Swim ☐ 10K Run
☐ Aquathlon Swim + 5K Run ☐ Recreational 1 mi Swim
☐ Aquathlon Swim +10K Run ☐ Recreational 3 mi Walk
☐ 5K Run ☐ Recreational 2 mi Kayak

**Please remember
to reference the
EVENT DAY SCHEDULE
at www.mbcc.org**

Parent/Guardian signature is needed if participant is under 18

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

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

www.mbcc.org or 800-649-MBCC for event day schedule and more information

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
333 Weymouth Street, #13, Rockland, MA 02370
www.mbcc.org • 800-649-MBCC

**Minimum of \$175
per person is required
to participate.**

\$	\$
Total Pledge	Total Paid