

# SWIM RUN WALK PADDLE *or* KAYAK

*Against the Tide*

**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](http://www.mbcc.org/swim)

**JUNE EVENT** June 20-27    **JULY EVENT** July 11-18  
**AUG EVENT** Aug 15-22    **SEPT EVENT** Sept 19-26

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
  - Half Marathon (Aug only)
  - Aquathon Swim + 5K Run
  - Recreational 1/2 mi Swim
  - Full Marathon (Sept only)
  - 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 \_\_\_\_\_

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				
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5				
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9				
10				
11				
12				
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16				

**Special prizes for top fundraisers!**

**MASSACHUSETTS BREAST CANCER COALITION**  
 PO Box 202, Franklin, MA 02038 • [www.mbcc.org](http://www.mbcc.org) • 800-649-MBCC

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Total Pledge    Total Paid**