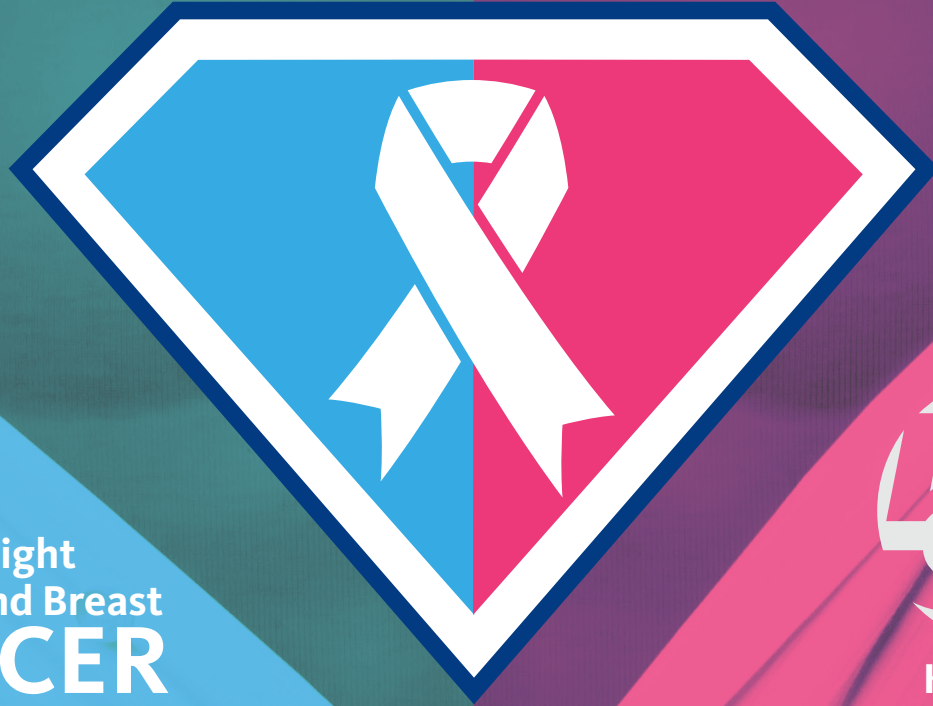


Let Our Powers Combine...

ROCK THE RIBBON



Racing to Fight
Prostate and Breast
CANCER



FRIDAY

9.15.17

TIME

Kids Dash: 6pm
10K and 5K: 6:30pm

DISTANCE

Kids Dash
10K and 5K

LOCATION

Morton Plant Hospital
Clearwater, Florida



REGISTER AT ROCK-THE-RIBBON.ORG



We're excited to bring back the "Rock the Ribbon" 10K and 5K races on Friday, September 15, to once again combine forces to raise support and awareness for prostate and breast cancer. Proceeds from this event will benefit the prostate and breast health programs at the not-for-profit hospitals of Morton Plant Mease, and all money raised stays in our local community. Racers will start at Morton Plant Hospital, go over the Clearwater Memorial Causeway, and back to our famous post-race party.

BATTLE THE BRIDGE

Presented by Urology Specialists of West Florida



**Morton Plant Mease
Health Care Foundation**

Registration Entry Form

To register, visit Rock-the-Ribbon.org, or fill out the form below and email to eric.barsema@baycare.org or mail to Morton Plant Mease Health Care Foundation, 1200 Druid Road S., Clearwater, FL 33756.

Rock the Ribbon – 10K, 5K and Kids Dash
Friday, September 15 – Morton Plant Hospital campus

Last name _____ First name _____ MI _____

Mailing address _____

City _____ State _____ Zip _____

Date of birth _____ Age (on 9/15/17) _____ Sex M F Daytime phone (____) _____ - _____

Email _____

T-shirt size (check one) Adult: S M L XL XXL Youth: S M L Shirt Color: Pink Blue

I am a prostate cancer survivor. I am a breast cancer survivor.

Emergency contact (first and last name) _____

Relationship _____ Phone (____) _____ - _____

Entry Fees *(Please check the box next to the race for which you are registering.)*

BayCare Team Members 10K/5K - \$20 (through 9/15)

BayCare email, employee number and campus: _____

As a BayCare team member, I would like to payroll deduct my entry fee.

5K – \$30 (through 9/7); \$35 (9/8 through race day)

10K – \$35 (through 9/7); \$40 (9/8 through race day)

Kids Dash – \$10 (through 9/15)

Payment Method

Credit Card: Visa MasterCard American Express Discover

Card # _____ Signature _____

Exp. date: _____ Security code on back (front on Amex) of card: _____

Check # _____ (payable to Morton Plant Mease Health Care Foundation)

By signing and submitting this entry form, I indicate my agreement to the following conditions: (1) Entry fees are nonrefundable; (2) Entries cannot be transferred to other athletes; (3) Race management reserves the right to cancel or modify the event due to unfavorable conditions; (4) Race management reserves the right to accept or reject all entry forms and (5) I agree to have my photo taken and I understand that it may be used for event purposes.

Signature of applicant _____ Date _____

Signature of parent/legal guardian for participants under age 18 _____ Date _____

Register at Rock-the-Ribbon.org