

Hosted by:



Proceeds benefit the
Blessing Breast Center
Financial Assistance Program.

Pink. Pass it on in the District 20th Annual 5K Walk for Breast Cancer Awareness Saturday, October 24, 2026 Washington Park, Quincy, IL

Registration: 8:30 am | Speaker starts at 9:30 am,
walk begins immediately after speaker.

Official Entry Form (each walker must complete an entry form)

Name _____ Gender ☐ Male ☐ Female
(circle one)

Address _____ City _____ State _____ Zip Code _____

Phone number _____ Email address _____

Date of birth ____ / ____ / ____ Current Age ____ Check the box if you are a breast cancer survivor ☐

T-shirt size preference ☐ Short Sleeve ☐ Long Sleeve
(select sleeve length & shirt size) Adult: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL
Youth: ☐ S ☐ M ☐ L ☐ XL

**Registrations accepted up to the start of the walk. Please Register by Wednesday, October 21, 2026 for guarantee of your shirt style and size.*
(Sizes/Styles of T-Shirts for registrations received after October 21st may not be guaranteed.)*

Donation: Minimum = \$25 _____ More than \$25 _____ (write in amount)

Make check payable to The Blessing Foundation, and write "5K Walk" on the memo line.

Mail this completed form and check to:

Blessing Breast Center
927 Broadway, Suite 320
Quincy, IL 62301

OR

Register online at blessinghealth.org/pink5k

Waiver/Release (Signature required)

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the "Pink. Pass it on in the District 5K Walk for Breast Cancer Awareness", (2) In consideration for my registration to participate in the "Pink. Pass it on in the District 5K Walk for Breast Cancer Awareness" being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation, and (3) I hereby grant the The District and Blessing Hospital specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the "Pink. Pass it on in the District 5K Walk for Breast Cancer Awareness".

☐ Yes, please contact me about future Pink. Pass It On Walks.

☐ Email

☐ Mail

☐ No, please do not contact me about future Pink. Pass It On Walks.

Signature _____ Date _____

(If participant is under the age of 18,
parent/guardian also signs here)

CUT ALONG LINE ABOVE AND SAVE THIS PART OF THE FORM FOR YOURSELF!

**** Pre-registered participants can pick up their shirts on Friday, October 23, between 7:30 am and 5 pm,
at the Blessing Breast Center, 927 Broadway East Entrance, 3rd Floor Suite 320. ****

Additional Event Information: "In honor of" buttons will be available for purchase at the time of t-shirt pick up or at the park on the day of the walk.