



**BRE'S BUTTERFLY CROSS
COUNTRY 5K**

&

CATERPILLAR 1 MILE FUN RUN

Saturday September 22nd. 2018

9:00 a.m. (1M), 9:30 a.m. (5K)

Bells Mill Park

424 Albemarle Dr.

Chesapeake, Va. 23322

For More Info Contact

Michael Zalud (757) 560-8367

Kirsten Mahon (757) 560-8361

Proceeds to benefit: Doctors Without Borders

Seton Youth Shelters

ForKids

I understand that a cross country race is a potentially hazardous activity. I should not enter the run unless I am medically able and properly trained. I agree to abide by any decision of a race official to my ability to safely complete the run. I assume all risks associated with running in the event including, but not limited to, falls, contact with other participants, the effects of weather including heat and humidity, traffic conditions of the roads or trails, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Breanne C. Mahon Foundation, the City of Chesapeake, race officials, volunteers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising from my participating in this event. I grant to all the forgoing to use any photographs for any legitimate purpose.

Signature _____ Date _____

Parents Sig (If Under 18) _____

Registration:

- By mail with completed application & check to:
(before 09/07/18)
Breanne C. Mahon Foundation
1292 Tennyson Rd. Virginia Beach, Va. 23454
- Visit www.breangel.com to register as well
- On-Site Race Day Registration beginning at 7:00 a.m.
- All finishers receive a medal

Entry Fees:

5K: \$30
(\$35 after 09/7)
1M \$ 15
Both: \$40

Divisions/Awards

5K:

1M:

Top 3 Overall Male/Female

Top 3 Overall Male/Female

Top 3 Male/Female in age categories

Top 3 Male/Female in

age categories

Age Categories: 6-12, 13-19, 20-29, 30-39, 40-49, 50-59, 60 +

Last Name _____ First Name _____

Address _____

Phone _____ Email _____

Male _____ Female _____ T-Shirt Size S M L XL Youth S M L XL

Age on race date _____ Date of birth _____

Check races running: ___ 5K \$30 ___ 1M \$15 ___ Both \$40

I'd like to make an additional donation to Bre's Foundation in the amount of : \$ _____ (enclosed)

The Breanne C. Mahon Foundation is a 501 © 3 charitable organization