

Team Name:	Team Category: (Check one) <input type="checkbox"/> Corporation/Company Team - Corp./Co. Name: _____ <input type="checkbox"/> Non-Profit Team – Name: _____ <input type="checkbox"/> College/University Team – College/University Name: _____ <input type="checkbox"/> Health Care Team – Health Care Name: _____ <input type="checkbox"/> /Family/Family Team – Family Name: _____ <input type="checkbox"/> Public School Team Challenge K-12 – School Name: _____ <input type="checkbox"/> Independent School Team Challenge K-12 – School Name: _____
Team Captain:	
Address:	
Address:	
City: State: Zip:	
Special Mailing Instructions:	

All fields must be completed. Completed/signed entry forms for each participant must accompany this form.

Team Member Name	Breast Cancer Survivor (Please ✓)	T-Shirt Sizes Child	Babies for the Cure bibs	Adult Sm.	Adult Med.	Adult LG.	Adult X LG.	Adult XX LG.	Adult XXX LG. Limited Amt.	Sleep-In for the Cure Night Shirt	Total Amount Fee/Donation
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
TOTALS TEAM MEMBERS #	SURVIVORS #	CHILD #	BABY BIB #	ADULT SML #	MEDIUM #	LG #	X LG. #	XX LG. #	XXX LG. #	TOTAL Sleep in for the Cure #	TOTAL all fees and donations \$
Total: (Entry Fees, Donations)											\$

Survivors will receive one PINK and one WHITE T-Shirt.

Return this completed form and ALL Team members entry forms in ONE packet to:
(Babies for the Cure registered participants will not receive a race T-Shirt)

**Komen Pittsburgh Race for the Cure
 Teams
 1133 South Braddock Ave.
 Pittsburgh, PA 15218**