

11th Annual

"No Buts About It" 5K Run/Walk for Colon Cancer Awareness Saturday, March 31, 2018, at **W** 9:00am **Welcome Stadium, Dayton, OH**

"No Buts About It" 5K Run/Walk net proceeds will be used to fund screening colonoscopies for uninsured persons in economic hardship.



Please visit www.nobutsaboutit.org for exact location at Welcome Stadium, as well as event timelines, rules, specific course information, and award categories.

Register Online - \$25

Pay with credit card before midnight, March 27, 2018, at www.nobutsaboutit.org. Registration fees are non-refundable.

Register by Mail - \$25

Send form and check to be received by 5pm on March 7, 2018. Make checks payable to "NBAI 5K." Registration fees are non-refundable.

NBAI 5K Run/Walk
75 Sylvania Drive
Beavercreek, OH 45440

Race Day Registration - \$ 0

Begins at 7:30am on March 31, 2018. Cash or checks payable to "NBAI 5K."

Shirts

T-shirts are guaranteed to everyone registered by March 7, 2018. No-shows will not receive t-shirt. Extra shirts distributed to race day registrants following race, on a first come, first served basis.

**Our goal is to save lives. You can help. Don't wait. Get screened.
Talk to your doctor about it, or call us at (937) 320-5050.**



REGISTRATION FORM - ONE FORM PER PARTICIPANT - MUST BE RECEIVED BY MARCH 7, 2018 .

Name (Last, First) _____ Age _____ Birth Date _____ M or F _____
Address _____ City, State, Zip _____
Email Address _____ Daytime Phone _____
Emergency Name/Number _____
Unisex Shirt Size - YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___ (register by March 7 to be guaranteed a shirt)
+ \$2 to registration fee for XXL & XXXL
Team Name (if applicable) _____
How did you hear about this 5K? _____ Cash Check # _____ Amount: \$ _____

RELEASE OF LIABILITY - PLEASE READ BEFORE SIGNING: In consideration of the acceptance of my entry, I hereby waive, for myself, any executors, administrators and assignees, all claims of any nature arising from my participation in the "No Buts About It" 5K Run/Walk event, and do hereby release Dayton Gastroenterology, Inc, the City of Dayton, Welcome Stadium, all sponsors, workers, officials, and volunteers from any claim whatsoever arising from any participation in the event.

Signature _____ Date _____

Parent/Guardian Signature if participant is under age 18: _____

Your donation is tax-deductible to the extent the law allows and is credited to the NBAI 5K at 75 Sylvania Dr., Beavercreek, OH 45440. Please make a copy of this receipt for your records.

For further information or to download more registration forms, go to www.nobutsaboutit.org, or call Belinda Poe, Race Coordinator, at (937) 320-5050 x1021.