



**13th Annual
No Buts About It 5K Run/Walk
for Colorectal Cancer Prevention
Saturday, March 28, 2020
at Welcome Stadium Entrance Gate D
1601 S. Edwin C. Moses Blvd., Dayton, OH 45417
Goal: 1,000 Participants**

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

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

SHIRTS

T-shirts are guaranteed to everyone registered by **March 2, 2020**. No-shows will not receive a T-shirt. Extra shirts will be distributed to race day registrants following race on a first come, first served basis.

Register by Mail - \$25. Completed form and check or money order to be received by 5:00 pm on March 2, 2020. Make checks payable to NBAI 5K. Mail to: NBAI 5K Run/Walk, C/O Dayton Gastroenterology, Inc., 75 Sylvania Drive, Beavercreek, OH 45440. Registration fees are non-refundable.

Register Online - \$25. Pay with debit/credit card before midnight, March 24, 2020, at www.nobutsaboutit.org. Registration fees are non-refundable.

Race Day Registration- \$30. Will begin at 7:30 am on March 28, 2020. Please pay with cash or make checks payable to NBAI 5K. **No Credit/Debit Card Payments Accepted on Race Day!**

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 2, 2020**

Name (Last, First): _____

Age: _____ Birth Date: _____ M or F: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Daytime Phone: _____

Emergency Contact Name/Number:

Unisex Shirt Size: YS____ YM____ YL____ S____ M____ L____ XL____ XXL*____ XXXL*____

*+\$2.00 to registration fee for XXL & XXXL

Register by March 2 to Be Guaranteed a Shirt!

Team Name (if applicable): _____

How did you hear about this 5K? _____

Cash Check or Money Order # _____ 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 thereby 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 additional registration forms, please visit www.nobutsaboutit.org or call Belinda Poe, Race Coordinator, at (937) 320-5050 x1021.