

# CERE-BRAITN

## FIELD DAY & 5K



Saturday, Sept. 21, 2019 ★ Buzzards Bay Rec Area/CapeCod Canal



30 Lyman St., Suite 10  
Westborough, MA 01581

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## Raising Awareness Statewide

This event is the Brain Injury Association of Massachusetts' largest event, expanding upon the former Walk & Roll for Brain Injury, bringing hundreds of people together in celebration, remembrance, and comradery! All of the funds raised by this event will directly support the important mission of BIA-MA – creating a better future for those affected by brain injury.

**This event is open to ALL – we hope you will join us at the beautiful  
Buzzards Bay Recreation Area on the Cape Cod Canal for a day of fun and festivities.**

**Run \* Walk \* Volunteer \* Enjoy**

## General Information

**Who:** You, your friends, your family and ALL of Massachusetts

**What:** 5K, 1-mile walk & fun run, and a festival of arts, music, food and inclusive activities

**When:** Saturday, September 21, 2019

**Where:** Buzzards Bay Recreation Area & Cape Cod Canal, 110 Main Street, Bourne, MA 02532

- 8AM – 5K & Walk Registration opens
- 9AM – 5K start
- 10AM – Walk & Fun Run start
- 11AM – Cerebration & Field Day begin!!

Festival admission is FREE! Registration fees apply for 5K and walk participants. Parking & drop off is available \* Registration fee includes t-shirt \* Event is Rain or Shine \* Chairs & blankets welcome!

# 2019 BIA-MA CERE-BRATION FIELD DAY & 5K REGISTRATION FORM

[www.biama.org/cerebration](http://www.biama.org/cerebration)

## PARTICIPANT INFORMATION (OR REGISTER ONLINE [www.biama.org/cerebration](http://www.biama.org/cerebration)):

*Each person must complete a separate registration form or submit group form available for download online.*

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address: ( ) Home ( ) Work

Company Name: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) Home ( ) Cell \_\_\_\_\_ (for 5K results) \*Email (required) \_\_\_\_\_

T-Shirt size (adult sizes only): ( ) S ( ) M ( ) L ( ) XL ( ) XXL ( ) XXXL

I am a: ( ) Team Captain ( ) Team Member Team Name \_\_\_\_\_  
*Organizing a team is a fun and easy way to participate! Your team can include family and friends, support group members, or professionals. Be as creative as you'd like - make your own t-shirts or signs, come in matching outfits. Fundraise as a team!*

### REGISTRATION/DONATION FEES:

*All pre-registered participants will receive an event t-shirt. Children 12 & under are free (no t-shirt), but must be registered. Online fundraising pages are available. Visit [www.biama.org/cerebration](http://www.biama.org/cerebration) for more information. 5K registrants require gender & birthday.*

<input type="checkbox"/> 5K Individual \$25	Gender ( ) M ( ) F	Birthday ( )	\$ _____
<input type="checkbox"/> 5K Survivor \$10	Gender ( ) M ( ) F	Birthday ( )	\$ _____
<input type="checkbox"/> 5K Child (12 & under) \$0	Gender ( ) M ( ) F	Birthday ( )	\$ _____
<input type="checkbox"/> Walk Individual \$25			\$ _____
<input type="checkbox"/> Walk Survivor \$10			\$ _____
<input type="checkbox"/> Walk Child (12 & under) \$0			\$ _____
<input type="checkbox"/> I can't participate but have enclosed my donation of			\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

### PAYMENT INFORMATION:

#### Pay By Check:

Please make checks payable to BIA-MA.

Mail form and check to BIA-MA, Attn: Cere-Bration Field Day & 5K, 30 Lyman Street, Suite 10, Westborough, MA 01581

#### Pay By Credit Card:

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_ Signature: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

### PLEASE SIGN THE WAIVER:

Submission of this entry constitutes an acknowledgement that the participant is physically able to undertake the 5K or Walk and is a waiver of any and all claims arising out of the Cere-Bration Field Day & 5K. As a participant your photograph may be taken and may be used in future BIA-MA publications.

Signature \_\_\_\_\_

*If registrant is under 18 years of age, their parent or guardian must sign.*

**Instructions: Tear off this form and keep it for your fundraising efforts.**

### DONATION Form - MAKE checks payable to BIA-MA

Name	Address	Amount Donated
1. <b>John Smith (example)</b>	<b>7 Main Street, Hometown, MA</b>	<b>\$25</b>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>TOTAL</b>		