



Our mission is to “help a mother to see her child take his/her first breath.” Our greatest reward has been to witness mothers and fathers receiving their precious gift of life.

Some of our free services include:

- Pregnancy testing • Parenting and Pre-natal classes • Ultrasounds • Pregnancy counseling
- Chastity counseling • GED training/tutoring
- Housing

Through your generosity, we have been able to expand our outreach efforts. Our all-volunteer staff depends on you to help them help these women, children, and families.

If you would like to volunteer at **A Baby's Breath**, Please contact us.

**A Baby's Breath**

152 Church Street, Phoenixville, PA 19460  
610.933.5182

2062 W. Main Street, Jeffersonville, PA 19403  
610.630.9630

78 Second Ave., Collegeville, PA 19426  
610.489.0083

121 Wayne Avenue, Suite 102, Wayne, PA 19087  
484.580.6436

65 W Street Rd., Warminster, PA 18974  
267.275.4097

[www.ababysbreath.org](http://www.ababysbreath.org)

**Directions to Longford Park**

Rt 422 to Oaks exit. Come off Oaks exit and make a right onto Egypt Road. Turn left on to Longford Road. Park in on the left.

**Questions?** Call 484.566.3894

**A Baby's Breath  
152 Church Street  
Phoenixville PA 19460**



**Saturday June 9, 2018**

*Benefitting the Phoenixville  
Baby's Breath Location*

Registration	7:30 AM
1 Mile Fun Run/Walk	8:30 AM
5K Run	8:30 AM
Awards	9:30 AM

**Come Run, Walk, or Wheel**

**Longford Park**

**1000 Longford Road,**

**Phoenixville, PA**

**Rain or Shine**

**Sponsored by:**

**WHITE INCORPORATED**

# Please join us for our Annual Run for Life

## Registration

T-shirts are guaranteed if pre-registered by May 18, 2018

- Adults – \$25
- Children under 18 and students 21 & under – \$15
- Family – \$40 (includes 2 t-shirts; extra shirts, \$5.00 each)

### DAY OF RACE REGISTRATION – 7:30 AM

T-shirts available while supplies last.

- Adults – \$30
- Children under 18 – \$20
- Family – \$45 (includes 2 t-shirts as available; extra shirts, \$5.00 each)

A non-refundable check or money order made payable to **A Baby's Breath** must accompany your registration and is to be mailed to 152 Church Street, Phoenixville, PA 19460

For additional information, contact us @ 484.566.3894, or [abbphoenixvillecpc@gmail.com](mailto:abbphoenixvillecpc@gmail.com), or visit our website at [www.ababysbreath.org](http://www.ababysbreath.org)

## Prizes & Categories

A \$50 cash award will be given to the top male and top female finisher in the 5K race. Medals will be awarded to the top three males & females in each age group.

### 5K Age Groups

10 & under	11-14
15-19	20-29
30-39	40-49
50-59	60 & over

## Pledge List

Go the extra mile for life and **A Baby's Breath** and get sponsors for your run today! Sponsors may either pledge to donate a lump sum for the race, or pledge for each mile you complete. Return this pledge list along with the money collected to the Pledge Table at the Run for Life. Make checks payable to **A Baby's Breath**.

**Add to the fun! Invite your sponsors to the run!**

Participant's Name	
SPONSORS	
_____ (Name)	_____ (Amount)
_____ (Name)	_____ (Amount)
_____ (Name)	_____ (Amount)
_____ (Name)	_____ (Amount)
_____ (Name)	_____ (Amount)
_____ (Name)	_____ (Amount)
_____ (Name)	_____ (Amount)

Waiver: In consideration of the acceptance of the entry, I, the undersigned intending to be legally bound hereby for myself, my heirs, executors, administrators, and personal representatives, hereby waive and release any and all rights and claims for damages, illness, or losses which I have or which may occur to me against all race officials and all organizations conducting or involved in this event including, but not limited to A Baby's Breath, Upper Providence Township, and any or all of their employees, agents, representatives, successors and assigns that may result from my participation in said event. Further, I hereby grant full permission to the aforementioned persons or organizations and to use my name and/or photo in newspaper, videotape, or any other record or account of the event for any purpose whatsoever.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age on 06/09/18 \_\_\_\_\_ T-shirt Size \_\_\_\_\_  5K  1 Mile

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age on 06/09/18 \_\_\_\_\_ T-shirt Size \_\_\_\_\_  5K  1 Mile

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age on 06/09/18 \_\_\_\_\_ T-shirt Size \_\_\_\_\_  5K  1 Mile

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

MC or Visa Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Please indicate team or group affiliation \_\_\_\_\_

If under 18 parent or guardian must sign