



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., Collegetown, 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

Questions? Call 610-933-5182 or email
abbphoenixvillecpc@gmail.com

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



Saturday June 8, 2019

*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

Charlestown Township Park

100 Academic Way,

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 20, 2019

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

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

ONLINE REGISTRATION OPEN UNTIL JUNE 6

Go to ababysbreath.org, click on Events, then Phoenixville Run for Life

Questions? Contact us at 610-933-5182, or abbphoenixvillecpc@gmail.com, or visit our website at 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 and 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)
or additional information, contact us at	
(Name)	(Amount)
(Name)	(Amount)
(Name)	(Amount)
(Name)	(Amount)
(Name)	(Amount)

Waver: 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.

If under 18, parent or guardian must sign.

Name _____ Sex _____ Age on 06/08/19 _____ T-shirt Size _____ 5K 1 Mile

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Family rate includes 2 shirts. Additional shirts are \$5.00/each

Name _____ Sex _____ Age on 06/08/19 _____ 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 _____