



Empowering Women and Girls to WIN

OCTOBER

BREAST CANCER

AWARENESS MONTH



Join us for

IN THE PINK

Annual Temple NAACP W.I.N. Signature Walk/Run

SATURDAY, OCTOBER 26, 2024 | 8AM TO 12PM | MILLER

templetxnaacp.org/2024_in_the_pink

Walker Package

In Person and Virtual

Visit www.templetxnaacp.org for updates

W.I.N. Contact Debbie Evans at debbie@engagingsolutions.net



\$25
REGISTRATION
with 1 canned good
includes free t-shirt



Memory Wall & Survivor Stories

Refreshments

Stretching

Music

Giveaways

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IN THE PINK

3rd Annual Temple NAACP W.I.N Signature Walk/Run

SATURDAY, OCTOBER 28, 2023 | 8AM to 2PM | MILLER PARK

Local Walk/Run

Visit www.templetxnaacp.org for
Sponsors, Partners, Speakers and Vendors Updates

W.I.N. Contact Debbie Evans at debbie@engagingsolutions.net

Benefactors

Can Good Donations



Vasicek Cancer Treatment Center

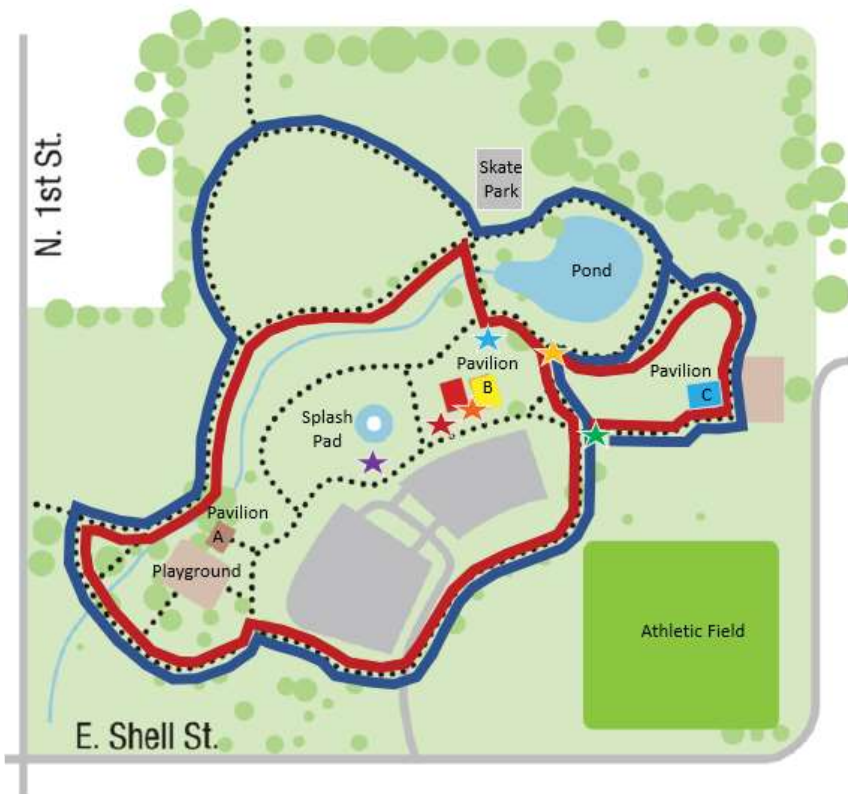


Legend:

- Registration and check in (Pav. B)
- 2k Walk
- 3k Walk
- Restrooms
- Vendors
- Health Station
- Water Station
- Starting Line
- Finish Line
- Stretching

3k Blue (Total 3 Trips)
1st trip around Pavilion C
Next 2 trips side of Pavilion B around the pond

2k Red (Total 2 trips)
1st trip around Pavilion C
2nd trip side of Pavilion B in front of the pond



Registration Form

IN THE PINK

Annual Temple NAACP W.I.N. Signature Walk/Run



\$25 Per person

In order to receive a registration bag and shirt you must be a paid walker

(Fill for each paid walker)

Saturday, October 26, 2024

8:00 a.m. -12:00 p.m.

Register online

at <https://mp.gg/z7j2w4p2>
or mail form to
Temple Unit NAACP
P.O. Box 157
Temple, Texas 76503

Name: _____

Address: _____

Telephone: _____ Email: _____

I am a ___ Breast Cancer Patient ___ Breast Cancer Survivor ___ Living with MBC

Additional Walkers in household _____, _____,

_____, _____, _____

Create a Team

Team Name _____ Team Goal \$ _____

Note: Only paid walkers receive a shirt and registration bag

Shirt Size ___ Small ___ Medium ___ Large ___ XL ___ 2X ___ 3X ___ 4X



Emergency Contact Name and Number _____

Are there any health or allergies concerns we need to be aware of? _____

Parent and Guardian Permission

If you are under the age of 18 please have a parent or guardian sign for permission to participate.

Parent or Guardian Signature and Phone Number _____

Do not write below this line

Amount Received \$ _____ By _____ Date _____

Virtual Walk IN THE PINK

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Forget about the logistics of a physical space and walk virtually

You set the time, pace and length of your walk
Walk at the same time and post it live on Facebook, Instagram
with the hashtag of #WINFORPINKTEMPLE
Encourage your friends and family to join in

\$25 & 1 Can Good Registration includes T-Shirt and Other Giveaways
(Local drop-off of can good)

Create/Join a Team

Empowering Women and Girls to WIN

Register Online

& Create or Join a Team

<https://mp.gg/z7j2w4p2>

Pledge/Donate Online

<https://mp.gg/vhhyuie>

Pledge Donation Form

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Register online at <https://mp.gg/z7j2w4p2> or
mail form to Temple Unit NAACP P.O. Box 157 Temple, Texas 76503

Name: _____

Address: _____

Telephone: _____ Email: _____

Team Name _____ (leave blank if individual)

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Total Amount for this Pledge Sheet _____

Do not write below this line

Amount Received \$ _____ By _____ Date _____

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Walker General Release of Liability

I, _____, of _____, Texas _____ (Hereinafter the "Releasor") for and in consideration of: No Payment

THEREFORE under the terms of this Agreement and sufficiency of which is hereby acknowledged, do hereby release and forever discharge Temple NAACP Unit and Women in NAACP (W.I.N.) of PO BOX 157, Temple, TX. 76503 (Hereinafter the "Releasee") including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of who, admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any in all injuries and damage is of any and every kind, to both person and property, and also any and all injuries and damage is that may develop in the future, as a result of or in any way relating to the following: Walking

It is understood in agree that this Agreement is made and received in full and complete settlement and satisfaction the causes of action, claims, and demands mentioned herein; that this Release contains the entire Agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns. This Release should be subject to and governed by the laws of the State of Texas.

This Release has been read and fully understood by the undersigned and has been explained to me.

EXECUTED this _____ day of _____, 20__

Releasor's Signature: _____

Printed name: _____



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