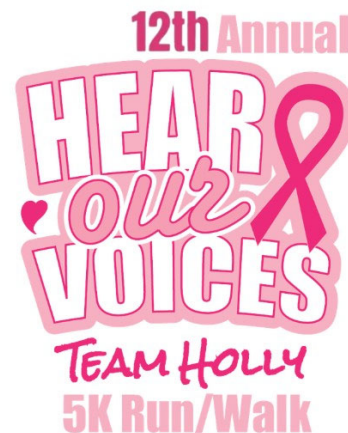


12th Annual Hear Our Voices:

Team Holly 5K Run & Walk

Benefiting Breast Cancer Support Services of Berks

Sunday, September 13th, 2026 – Run begins 10am/Walk begins 10:05am



ENTRY FEE: DISCOUNTED EARLY REGISTRATION!!

Please register online @ pretzelcitysports.com by August 14, 2026

(or complete paper registration form below) and receive a free t-shirt

Adults - \$30, Kids 9-17 - \$15, Kids 8 & under - Free

(no shirt for kids 8 & under due to free entry)

After August 14, 2026 and on Race Day:

Adults - \$35, Kids 9-17 - \$20, Kids 8 & under - Free

Race Day: Cash, Check or Venmo

LOCATION/REGISTRATION: Gring's Mill Recreation Center, 2083 Tulpehocken Road, Reading, PA 19610; Registration/number pickup at Gring's Mill Recreation Center starting at 8:30 a.m. Runners will begin promptly at 10:00 a.m. Walkers will begin at 10:05 a.m. Course is run along the Union Canal Towpath Trail and ends back at Gring's Mill. Awards ceremony to follow.

AMENITIES: Goodie bag handed out at registration to ages 9 & over while supplies last; survivor t-shirt for all pre-registered breast cancer survivors, refreshments for participants, indoor toilet facilities, free parking, time clock at finish. Race held rain or shine. In case of rain, Gring's Mill has a huge barn to house the activities. No refunds or mailed awards. Results published at pretzelcitysports.com in 1-2 days after race.

5K AWARDS: Awards for the male and female 1st, 2nd & 3rd overall winners; 3 male and 3 female awards for age categories 8-Under, 9-11, 12-14, 15-17, 18-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+ and Survivor awards 1st, 2nd, 3rd overall winners.

FAMILY FRIENDLY EVENT!!

Rock painting, face painting, games, raffles with great prizes, refreshments and more!

DIRECTIONS: Take 222N. Take the Broadcasting Rd exit. Turn right at the light onto Broadcasting Rd. Turn right onto Tulpehocken Rd. and look for event signs. Gring's Mill and parking are located on the left.

Information and Online Registration (small service fee applies) at: pretzelcitysports.com

(Online Registration closes at midnight on the Wednesday prior to the race)

Make Check Payable (for paper registrations) to: "Breast Cancer Support Services of Berks"

Mail Check & Completed Below Form to: BCSS, 529 Reading Ave., Suite C, West Reading, PA 19611

Race Director: Christina Kline; contact her at 610-478-1447 or christina@bcssberks.org

.....Please Print Clearly.....

Last name _____ First name _____ Street Address _____

City _____ State _____ Zip _____ Race Day age _____ Date of birth _____

Email _____ @ _____ Phone _____ (Cell preferred)

Race: 5K Run _____ 5K Walk _____ Sex: M _____ F _____ Breast cancer survivor: Yes _____ No _____

Shirt Size (check one): Adult: S _____ M _____ L _____ XL _____ XXL _____ Youth: L _____

Additional shirts available for \$15 each. No. of additional shirts _____ x \$15 = _____ Sizes: _____

WAIVER: I know that running a race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I assume any and all risks associated with running or attending the race including but not limited to falls, contact with other participants, the effects of the weather and the condition of the trails/roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Breast Cancer Support Services of Berks, Pretzel City Sports, all municipalities in which the race is held, the race organizers, committee, volunteers, benefitting organization and any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event(s). This waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I HAVE READ AND UNDERSTAND THIS WAIVER (if under 18, legal guardian must sign):

Signature: _____ Date: _____

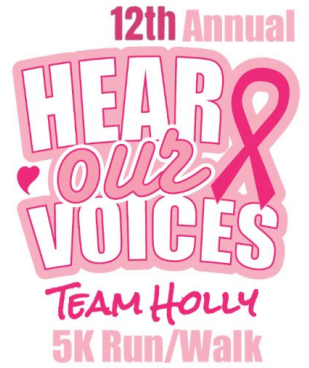
"It is amazing to me to realize this is the 12th Annual Hear Our Voices Team Holly Run/Walk to Benefit Breast Cancer Support Services of Berks (BCSS).

Our family and a large group of Holly's friends and coworkers participated in a national breast cancer walk the year she was diagnosed.

When she became involved with BCSS, she told me she wanted to do something to keep the funds local and benefit the organization that helped and supported her with her battle against the disease.

And the rest, as the saying goes, is history. My daughter would be so proud of how this race has developed over the years and the many women who have benefited.

While it is a very emotional day for me, I feel her spirit. Thank you for participating and supporting Holly's dream."



*- Mary Sibley
Holly's Mom*



Breast Cancer Support Services of Berks (BCSS) provides hope, emotional support, education, and resources to **every person** affected by breast cancer.

In 2025 BCSS...

- Launched a new Survivorship Series designed to help those in survivorship navigate life after treatment, discover their "new normal," and connect with others who understand.
- Launched a new Integrative Therapies Series, focusing on caring for the whole self, mind, body, and spirit.
- Expanded the Survivor Support Line to include a Husband Support Line.
- Served over 2,000 survivors and their families.
- Distributed over 370 Comfort Bags.

To Learn More About BCSS please visit www.bcssberks.org and "like" us on Facebook.

.....Please Print Clearly.....

I am unable to attend the BCSS 5K but would like to make a donation in the amount of \$_____.

I would like to be added to the Breast Cancer Support Services' mailing list: Yes _____ No _____

Make check payable to: "Breast Cancer Support Services of Berks" with "Hear Our Voices 5K" in the memo line. **Mail check and completed form below to:** Breast Cancer Support Services of Berks, 529 Reading Avenue, Suite C, West Reading, PA 19611. Thank you!

Name _____ Street Address _____

City _____ State _____ Zip _____ Phone _____

Email _____@_____

Donate online at www.bcssberks.org. Please specify for 'Hear Our Voices 5K'.