

American Cancer Society Relay For Life 2008
Team Registration Form

PLEASE PRINT ALL INFORMATION

Relay Site Name: *LanChester*
Octorara High School - June 20 - 21, 2008 – Noon to Noon



TEAM CAPTAINS: Please fill out and mail to Tina Myers, 527 W 2nd Ave., Parkesburg, PA 19365

- A completed copy of this Team Registration Form
- One Participant Registration Form, completed by each member of your team
- Team Registration Fee(s)

Team Name: _____

Company / Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Team Captain Name: _____

Phone: () _____ Ext. _____

Email: _____

Did this team participate in this event last year? Yes No

My team is best described as being affiliated with: (please check one)

- Business Church Civic Organization College Corporation Cultural Organization Family / Friends
 Fraternal Organization Government Office Healthcare Military Non Profit Organization Professional
Organization School Social Organization Survivors Other _____

Will this company / organization match your donations? Yes No

Is this an All-Youth team? Yes No

This company/organization is a part of the American Cancer Society National Team Program Yes No

Contact your local ACS office for the most current list of participating companies & organizations.

Team Name _____

REGISTRATION FEE(S): *Fee guidelines are established by your local ACS office and the Relay Event Committee.*

Our team is paying the Team Registration fee of \$80.00 to get started. This pays for 8 team members; any additional members must submit their \$10.00 registration fee with participant form.

Number of Team Members _____

In order to qualify for the PA Division Fundraising Club and to receive statewide recognition, your team must be 15 members or fewer.

Amount enclosed \$ _____

Team Captain Signature: _____

Date: ____/____/____

For ACS office use only

Date Entered into TES:

____/____/____

Entered by:

www.lanchesterrelayforlife.org