

American Cancer Society Relay For Life Team Registration Form

PLEASE PRINT ALL INFORMATION



Relay Site Name: _____

TEAM CAPTAINS: Please submit the following to your American Cancer Society office

- 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. _____

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.

REGISTRATION FEE(S): *Fee guidelines are established by your local ACS office and the Relay Event Committee. Please check with your American Cancer Society office for Registration fee information for your event.*

Our team is paying the Team Registration fee of \$ _____ per team.

Each team member is paying the Individual Registration fee of \$ _____ per person.

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: _____

Team Number: _____