



Registration Form



02064

PLEASE PRINT NEATLY IN BLACK OR DARK BLUE INK USING CAPITAL LETTERS.
PLEASE KEEP ALL WRITING INSIDE THE BOXES.

* = REQUIRED INFORMATION

OFFICE USE ONLY	
\$	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> * 0 0
TURNED IN AT THE EVENT	
\$	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> * 0 0
RAISED ONLINE	

I AM A TEAM LEADER EVENT LOCATION

TEAM NAME

TITLE (MR, MRS, MS, DR) * FIRST NAME MI

* LAST NAME

SUFFIX (SR, JR, III) PROFESSIONAL DEGREE (MD, PHD) GENDER M F

E-MAIL ADDRESS THIS IS MY EMAIL AT HOME WORK

* COMPANY/ORG NAME

* COMPANY/ORG ADDRESS

* CITY * STATE

* ZIP WORK PHONE W/AREA CODE EXTENSION

MY COMPANY HAS MATCHING FUNDS. NOT SURE? PLEASE CHECK WITH YOUR EMPLOYER'S PERSONNEL/HR DEPARTMENT. PLEASE ATTACH A MATCHING GIFT FORM IF AVAILABLE OR SEND IT DIRECTLY TO YOUR AMERICAN CANCER SOCIETY OFFICE.

* HOME ADDRESS

* CITY * STATE

* ZIP HOME PHONE W/AREA CODE BIRTH DATE

M M D D Y Y Y Y

SELECT THE RACE/ETHNICITY WITH WHICH YOU MOST CLOSELY IDENTIFY TO HELP THE AMERICAN CANCER SOCIETY BETTER SERVE OUR COMMUNITY AND ITS POPULATION (PLEASE SELECT ONE)

- AFRICAN AMERICAN/BLACK
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN
- CAUCASIAN/WHITE
- HISPANIC/LATINO
- PACIFIC ISLANDER
- OTHER

IF YOU ARE 40 OR OLDER AND WOULD LIKE AN EMAIL REMINDER TO GET YOUR YEARLY MAMMOGRAM, PLEASE ENTER THE MONTH YOU WOULD LIKE TO BE REMINDED. (EX. 03 = MARCH)

MONTH

M M

DON'T FORGET TO PROVIDE YOUR EMAIL ADDRESS IN THE EMAIL ADDRESS SECTION ABOVE

I HAVE HAD CANCER. MY MOST RECENT CANCER DIAGNOSIS WAS:

- COLON/RECTAL
- BREAST
- LUNG
- PROSTATE
- OTHER _____
- SKIN

MY DATE OF DIAGNOSIS WAS

M M D D Y Y Y Y

PLEASE SELECT ALL OF THE OPPORTUNITIES IN WHICH YOU ARE INTERESTED:

- BECOMING INVOLVED IN OTHER SOCIETY VOLUNTEER OPPORTUNITIES
- INCLUDING THE SOCIETY IN MY WILL, TRUST OR ESTATE PLAN
- ADVOCATING FOR LEGISLATION TO HELP CANCER PATIENTS AND THEIR FAMILIES
- BECOMING MORE INVOLVED IN MAKING STRIDES NEXT YEAR

PLEASE INCLUDE YOUR EMAIL ABOVE TO ENSURE A FOLLOW-UP

WAIVER: IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN MAKING STRIDES AGAINST BREAST CANCER, I HEREBY FOR MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES ASSUME ANY AND ALL RISKS THAT MIGHT BE ASSOCIATED WITH THE EVENT. I FURTHER WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE AMERICAN CANCER SOCIETY, ITS OFFICERS, EMPLOYEES, SPONSORS, ORGANIZERS, VOLUNTEERS OR OTHER REPRESENTATIVES OR AGENTS OR THEIR SUCCESSORS AND ASSIGNS OR THE OWNER OF THE SITE FOR THE EVENT OR THEIR RESPECTIVE OFFICERS, EMPLOYEES OR OTHER REPRESENTATIVES OR AGENTS OR THEIR SUCCESSORS AND ASSIGNS FOR ANY AND ALL INJURIES OR DAMAGES OF ANY KIND WHATSOEVER SUFFERED AS A RESULT OF ME AND/OR MY CHILD TAKING PART IN THE EVENT AND ANY RELATED ACTIVITIES. I ALSO AGREE TO THE USE OF ANY PHOTO, FILM, OR VIDEOTAPE OF THE EVENT FOR ANY PURPOSE. I ALSO GIVE MY FULL PERMISSION FOR SUCH FIRST AID AS DEEMED NECESSARY TO BE PROVIDED TO ME OR MY CHILD ON THE PREMISES OR PRIOR TO TRANSPORT TO A HOSPITAL FOR FURTHER TREATMENT.

PARTICIPANT/GUARDIAN SIGNATURE _____ DATE _____