



American Cancer Society
Relay For Life of Dodge County, GA

Offline **Participant** Registration Form for **2011**

For Individuals with **NO** Computer Access for Self Registration

Please Print

Team Name: _____ Team Captain: _____

Team Member Participate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Employer: _____

Gender: *Please Circle* Male or Female Date of Birth: _____

Month Day Year
(if you are under the age of 18, birth date is required)

Participation Type:

- Participant Registration (cash or check)
- Survivor Registration (Not on a team)

Individual Fund Raising Goal: \$_____ (*suggested Minimum amount is \$200*)

Please select **all** that describes your personal experience with cancer:

Please make between 1 and 5 selections from the choices below.

- I have or had cancer
 - o Type: _____
 - o Diagnosis Date: _____
Month Day Year
- Caregiver for someone who has/had cancer
- My relative has/had cancer
- My friend has/had cancer
- Other

T-Shirt Size: Circle one

Youth Sizes: Youth Small Youth Medium Youth Large

Adult Sizes: Small Medium Large Extra Large 2XL 3XL 4XL 5XL

Signature _____ Date _____