



American Cancer Society
Relay For Life of Dodge County, GA

Offline **Team** Registration Form for **2011**

Please Print

A completed Offline Participant Registration form must be attached to this form for computer entry.

Team Name: _____

Team Company/Organization: _____

Team Fund Raising Goal: \$ _____ (Default: Suggested Team Goal \$1,500)

Teammate Recruitment Goal: _____ (Number of team members)

Have you participated as a team before? Yes No (circle one)

Have you participated as a member of a team before? Yes No (circle one)

Have you participated as a team captain before? Yes No (circle one)

Team Captain Name: _____

Email address of Team Captain: _____

This email address is my _____ address. Business Home (circle one)

Please identify your team's affiliation: (check one)

- Corporation
- Civic Organization
- Cultural Organization
- Faith Based Organization
- Family
- Fraternal Organization
- Healthcare
- Hospital
- Professional Organization
- Public/Government
- School
- Small Business
- Social Club or Organization
- Union
- Other _____

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Signature _____ Date _____