

RELAY FOR LIFE of PINE-RICHLAND

TEAM REGISTRATION

June 20 - JUNE 21, 2008

2008 TEAM
NAME _____

2007 Team name If different from 2008 _____

SPONSOR _____
(IF DIFFERENT FROM TEAM NAME)

TEAM CAPTAIN NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TEAM CAPTAIN PHONE:
HOME: _____

BUSINESS: _____

E-MAIL: _____

RETURN THIS FORM WITH THE \$100 REGISTRATION FEE

MAKE CHECK PAYABLE TO:
American Cancer Society

MAIL TO:
American Cancer Society
PO Box 57
Apollo, Pa 15613

Questions Call: Donna Zukas 724-568-2517