Participant and Survivor Registration

RELAY FOR LIFE — American Cancer Society

07028

PLEASE PRINT NEATLY IN BLACK INK USING UPPERCASE CHARACTERS.
PLEASE KEEP ALL WRITING INSIDE THE BOXES.

EVENT NAME: Relay for Life Arnold, MD

EXAMPLE: A B C 1 2 3

* = REQUIRED INFORMATION

TEAM CAPTAIN'S NAME: Rev. Jane Hague

TEAM NAME: St. Margaret's Dragon Slayers

CHECK IF TEAM CAPTAIN: ☐

OFFICE USE ONLY: $ ____,____ . 0 0

PLEASE SELECT YOUR T-SHIRT SIZE:

YOUTH SIZES: YS ☐ YM ☐ YL ☐
ADULT SIZES: S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL ☐

TITLE (MR, MRS, MS, DR): ☐☐☐☐

* FIRST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MI: ☐

* LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SUFFIX (SR, JR, III): ☐☐☐

PROFESSIONAL DEGREE (MD, PhD): ☐☐☐☐☐☐

GENDER: M ☐ F ☐

* HOME ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

HOME ADDRESS LINE 2: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

* CITY: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

* STATE: ☐☐   * ZIP: ☐☐☐☐☐

HOME PHONE W/AREA CODE: ☐☐☐ - ☐☐☐ - ☐☐☐☐

EMAIL ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

THIS IS MY EMAIL AT: HOME ☐ WORK ☐

BIRTH DATE: ☐☐ ☐☐ ☐☐☐☐ (M M D D Y Y Y Y)

SELECT THE RACE WITH WHICH YOU MOST CLOSELY IDENTIFY (PLEASE SELECT ONE)

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

MY REASON TO RELAY
PLEASE SELECT ALL THAT DESCRIBE YOUR EXPERIENCE WITH CANCER:

- CAREGIVER ☐
- SELF ☐
- RELATIVE ☐
- FRIEND ☐

MY MOST RECENT DIAGNOSIS IS/WAS ____

- COLON/RECTAL ☐
- LUNG ☐
- OTHER ☐ ____
- BREAST ☐
- PROSTATE ☐
- SKIN ☐

MY DATE OF DIAGNOSIS IS/WAS: ☐☐ ☐☐ ☐☐☐☐ (M M D D Y Y Y Y)

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

- BECOMING INVOLVED IN OTHER ACS VOLUNTEER OPPORTUNITIES ☐
- INCLUDING ACS IN MY WILL, TRUST OR ESTATE PLAN ☐
- ADVOCATING FOR LEGISLATION TO HELP CANCER PATIENTS AND THEIR FAMILIES ☐
- BECOMING MORE INVOLVED IN RELAY FOR LIFE NEXT YEAR ☐

PLEASE INCLUDE YOUR EMAIL ABOVE TO ENSURE A QUICK FOLLOW-UP TO YOUR STATED INTEREST

PARTICIPANT/GUARDIAN SIGNATURE _____ DATE _____

DC:07028B REV.-12/05