



AMERICAN CANCER SOCIETY RELAY FOR LIFE



INDIVIDUAL REGISTRATION – SANTA CLARITA VALLEY

Mail or drop off payment & form to

American Cancer Society
25020 W. Avenue Stanford #170,
Valencia, CA 91355

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Have you participated in Relay For Life previously? Yes No

Are you under the age of 18 years? Yes No

Would you like to be placed on an existing Team? Yes No

Comments: _____

I am a participant not on a team and I commit to raise a minimum of \$100 in the fight against cancer.

Signature: _____

Date: _____

Do Not Fill In – Accounting Purpose Only:

Date Donation Received _____ Type of Payment _____

Amount \$ _____ Checked By: _____

Verified By: _____