



AMERICAN CANCER SOCIETY RELAY FOR LIFE

Celebrate.

Remember.

Fight Back.

TEAM REGISTRATION – SANTA CLARITA VALLEY

Mail or drop off payment & form to American Cancer Society
25020 W. Avenue Stanford #170, Valencia, CA 91355

Team Name: _____

Captain Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

1.) # of years team has participated in Relay _____ 2.) # of years I have been Captain _____

3.) The percentage of youth under 18 yrs that will sign up as team members are _____%

Co-Cap't Name (If applicable): _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

As Team Captain, I understand that I am in a position designed to support the American Cancer Society's Relay For Life by leading a team to participate, raise funds and help spread the word about ACS's mission.

As a Team Captain, I agree to serve in the following capacities:

- 1. Build a team with team members that will participate in the event. (Recommend 10-24 members)
2. Attend the Relay For Life Kick-Off & Team Captain Meetings or send someone if I can't make it.
3. Set a fund-raising goal for my team. (Relay T-Shirt for each member that raises \$100/minimum)
4. Recognize cancer survivors on my team & participate in the survivorship celebrations at the event.
5. Distribute materials and fundraising tools/tips to all team members.
6. Coach and motivate my team to success. Generate enthusiasm and participation for the event.
7. Hold creative fundraisers to help my team raise money.
8. Recognize team members for their commitment to the fight against cancer.
9. Ensure that all required form(s) have been turned in prior to Relay.
10. Learn the proper way to turn in donations collected from my team.

By signing this form, I acknowledge the above terms: _____

Do not Fill In – Accounting Purpose Only:

Date Payment Recv'd _____ Type of payment _____ Amount \$ _____

Checked By: _____ Verified By: _____