



# Central Valley Cancer Walk

## Registration Form

**\$20.00 registration fee per person – No Maximum or minimum persons per team**

**Make checks payable to Selma's Cancer Support**

**501 C3 Tax ID #59-3804353**

### **Team Captain**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

### **Team Members**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

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Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

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Email address: \_\_\_\_\_  
T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

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T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

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Email address: \_\_\_\_\_  
T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

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Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
T-Shirt Size: SM MED LG XL 2X 3X Paid: \_\_\_ Yes \_\_\_ No

*Please bring completed forms and payment to Selma's Cancer Support  
2128 North St., Selma, CA 93662 no later than September 10, 2018. No changes  
to this form will be accepted after Sept. 10<sup>th</sup>. We are located directly behind the  
post office inside Bill Tucker Real Estate. Please make your checks payable to  
Selma's Cancer Support or Central Valley Cancer Support.*