

Relay For Life 2010 Registration Form

Team Captain Order / Team Member Reorder



***** PLEASE NOTE: Each team members details are required prior to confirming order*****

How did you hear about Relay For Life? (please circle)							
Brochure in mail	Past Participant	CCV publication	Magazine	Radio	TV	Word of mouth	Phone call
Direct Mail	Cancer news	Website	Newspaper	Email	Fax	Other:	

What is your motivation for participating in Relay for Life?				
A friend/relative has/had cancer	I have/had cancer	A simple & fun way to support a charity	Interested in the work of the Cancer Council	Other

Office use only: Imis id:	
Title:	Mr / Ms / Miss/ Mrs/ Dr / Other _____
Team Captain Name:	
Team Name:	
Venue:	Geelong 2010
PERSONAL DETAILS: (For each team member)	
Title: (Please Circle)	Mr / Ms / Miss/ Mrs/ Dr / Other _____
First Name:	
Last Name:	
Organisation: (if applicable)	
Position title: (if applicable)	
Address (inc. post code):	
Phone number: (please circle day time number)	Work: _____ Home: _____ Mobile: _____
Email: (Mandatory – please write 'No email' if there isn't an email address)	
Registration Type:	<input type="checkbox"/> Adult <input type="checkbox"/> Under 18
Date of birth:	

Would you like to receive information on the following? Regular giving Bequests club Cancer E News**Are you a:** Cancer Survivor A Care giver for someone who has/had cancer**Team captain registration only:
Fundraising items****Quantity ordered****Receipt books:***(Standard 3 per TEAM CAPTAIN. More on request.)***Collection boxes:***(Standard 3 per TEAM CAPTAIN. More on request.)***Relay Posters:**Team poster
A3:Team poster
A4:Where \$ goes
A3:**Team member registration:****Polo shirts - Shirt size – only 1 shirt per person**Kids Size 4-6: Kids size 6-8: Kids size 10: Adult X-Small (Adult 8/Kids size 12): Small (Adult 10): Medium (Adult 12): Large (Adult 14): X-Large(Adult 16): XX-Large(Adult 18): XXX-Large (Adult 20): **PAYMENT DETAILS:**

Amount: \$ _____

Method of registration:

Payment Method:

Cash

/

Cheque

/

Credit Card

Card Type:

Master Card

/

Visa

/

Diners

/

Amex

Credit Card No:

/

/

/

Exp Date:

 /

Cardholder Name _____

For CCV office only: Please attach to tax invoice / packing slip:

VENUE: Geelong
YEAR: 2010 ORDER / REORDERSend invoice & ordered items (STANDARD)
Send invoice ONLY (items have been delivered)