

Relay For Life of Phoenixville 2011
Bark For Life – Sunday October 3rd, 2010



PARTICIPANT REGISTRATION FORM & WAIVER

*One form per participant; multiple dogs may be registered together as a family unit.
 Registration fees are per dog.*

PLEASE PRINT ALL INFORMATION

Owner's Name _____
 Canine Name/Names _____
 Address _____ City _____ State _____ Zip _____
 This is my address at: Home Work (please check one)
 Home Phone: () _____ Work Phone: () _____ Ext. _____
 Fax: () _____ Cell Phone: () _____
 I prefer to be contacted at: Home Work Cell
 Emergency Contact Name _____ Emergency Contact Phone () _____
 E-mail Address _____
 I am 18 years old or under: No ___ Yes ___ Age _____ Employer _____
 Will your employer match your donations? Yes ___ No ___
 Is your employer a sponsor of this Relay? Yes ___ No ___
 If no, would you employer be interested in hearing about sponsorship opportunities? Yes ___ No ___
 CANINE BANDANA SIZE SMALL _____ LARGE _____

Please indicate quantity of each if registering more than one dog.

REGISTRATION FEE

_____ enclosed is the **pre-registration fee of \$10 per dog** or the **day-of-event registration fee of \$15 per dog**. I agree to raise additional funds on behalf of my canine(s) for the Relay For Life of Phoenixville. Checks may be made to the American Cancer Society.

Return this form and your commitment/registration fee/fees to your team captain to be handed in at the next team captains meeting. Or you may mail this form with the fee/fees to:

American Cancer Society
 Relay For Life of Phoenixville / Bark For Life
 1615 West Chester Pike, Suite 102
 West Chester, PA 19382

WAIVER – Each dog owner must read and sign.

- As a participant in Relay For Life, I, for myself, my executor, administrators, and assigns, do hereby release and discharge the American Cancer Society, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my dog/dogs in this event.
- I give my full permission for the use of my name and photographs in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my dog/dogs on the premises or prior to transport to a medical facility for further treatment.

Participant Signature _____ Date: ____/____/____
 (Signature of parent or legal guardian if human participant is under 18)

Questions? Contact Shelley Endrey at shelly_wcu@hotmail.com or at 610-420-1608.

Visit www.relayforlife.org/paphoenixville com for more information.

For ACS office use only
 Date Entered into TES: ____/____/____
 Entered by: _____
 Team Number: _____

The official registration and financial information of the American Cancer Society, Pennsylvania Division may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.