



Join a Relay

Step 1: Join This Relay

Visit your local Relay web site and click **Join This Relay** to begin registration. OR call 1-800-227-2345 for additional registration options.

Relay For Life of

Pinecrest Palmetto Bay and Cutler Bay

**APRIL 15TH 2016
FRIDAY**

Registration: 7:00 am
Event Begins: 9:00 am

[MORE DETAILS >](#)

**DUTCH
BRANCH PARK**

1899 Winscott Rd
Fort Worth, TX

[MAP IT >](#)

FOLLOW EVENT

f t

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[405.370.2954](tel:405.370.2954)

DONATE
JOIN THIS RELAY
DEDICATE LUMINARIA

Step 2: Society Account

You must create or log into your Society Account to begin the registration process.

- If you are a **NEW** participant, you will Create an Account.
- If you are a **RETURNING** participant, you will log in.

Log In Are you a new participant? [CREATE AN ACCOUNT](#)

Log in with your social account: ?

Log in

Or, log in with your email or username:

Email or Username:

Password:

[LOG IN](#) [Forgot password?](#)

Need help? Please visit our [FAQ](#) or contact us at [1-877-957-7848](tel:1-877-957-7848).

Step 3: Choose How You Will Participate.

How would you like to participate?

START A NEW TEAM

JOIN A TEAM

JOIN AS AN INDIVIDUAL

If you're a cancer survivor and don't want to start or join a team, you can sign up to [Walk the Survivor Lap](#) and participate in our special events for cancer survivors.

Step 4: Complete Registration.

Would you like to kickstart your fundraising by making a donation? (optional)

\$50

\$100

\$200

OTHER

NOT RIGHT NOW

What is your relationship to cancer?

SURVIVOR

CAREGIVER

OTHER

PREFER NOT TO SAY

Please select all that apply.

What's your T-shirt size? (Survivors will be given a free survivor T-shirt. Participants who raise over \$100 will become members of the Hope Club and receive a T-shirt.)

YS

YM

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XXXL

XXXXL

XXXXXL

XXXXXXL

NO THANKS

Are you under the age of 18?

YES

NO

Do you agree to the waiver?

Enter Mailing Address:

Mailing Address:

Mailing Address Line 2: (optional)

Zip Code: City: State:

[NEXT](#)

Pay by Credit Card

[Pay with PayPal](#)

MY BILLING ADDRESS IS THE SAME AS MY MAILING ADDRESS

Credit Card Number:

Exp. Month: Exp. Year: CCV:

[COMPLETE](#)

[← PREVIOUS](#)

If you have any questions or would prefer to register by phone, please contact your local staff partner or call the American Cancer Society at 1.800.227.2345.