



# TEAM REGISTRATION FORM

## AMERICAN CANCER SOCIETY RELAY FOR LIFE OF BARRINGTON

BarringtonRelay.com

### Barrington High School June 11 - 12, 2005

To register your team for the 2004 Relay For Life, please print the information below and **include registration check (\$25 per team)**, mail or fax to:

American Cancer Society  
100 W. Palatine Road  
Palatine, IL 60067  
Phone: (847) 358-3965  
Fax: (847) 358-9218

**Team #** \_\_\_\_\_ (*Team number will be assigned by ACS Office*)

**Team Name** \_\_\_\_\_

**Organization/Business Name** \_\_\_\_\_

**Team Captain's Name** \_\_\_\_\_

**Address (home or business - please circle)** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

**Captain's E-mail** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Captain's Signature** \_\_\_\_\_

**Team Affiliation:** Family \_\_\_ Friends \_\_\_ Civic Club/Organization \_\_\_  
City/Government \_\_\_ Healthcare \_\_\_ Corporation \_\_\_  
School - Students \_\_\_ School - Faculty \_\_\_ Church \_\_\_

**We Are A:** New Team \_\_\_ Return Team: \_\_\_

**Team Registration Fee:** \$25.00 \_\_\_ Other \_\_\_

**Registration paid by:** Team Members \_\_\_ Team Captain \_\_\_ Corporation \_\_\_  
Organization \_\_\_ Sponsorship \_\_\_ Not Paid \_\_\_

**For Office Use Only:**

Registration Received on: \_\_\_/\_\_\_/\_\_\_ Amt. Paid \_\_\_\_\_ Cash / Check / Credit