



TEAM REGISTRATION FORM

AMERICAN CANCER SOCIETY RELAY FOR LIFE OF BARRINGTON

Barrington High School June 11-12, 2004

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