



TEAM REGISTRATION FORM

All information must be complete (please print clearly)

Team Name: _____

Number of years participating in Relay For Life _____

T-shirt totals:

YS _____ YM _____ SM _____ Med _____ LG _____ XL _____ 2X _____ 3X _____ 4X _____

Survivor t-shirts:

YS _____ YM _____ SM _____ Med _____ LG _____ XL _____ 2X _____ 3X _____

TEAM CAPTAIN

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Cancer Survivor Y N

T-Shirt Size: Youth: S (6/8) M (10/12) Adult: S M L XL 2X 3X

TEAM MEMBERS PLEASE CHECK IF CO-CAPTAIN

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Cancer Survivor Y N

T-Shirt Size: Youth: S (6/8) M (10/12) Adult: S M L XL 2X 3X

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Cancer Survivor Y N

T-Shirt Size: Youth: S (6/8) M (10/12) Adult: S M L XL 2X 3X 4X

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