2016 'ALL IN' Sign

Relay For Life of:

Team Name: _____

Sold By: _____

Phone #:_____ **Email:**_____

DEADLINE: Forms MUST be turned in by LAST TEAM CAPTAINS' MEETING!

NOTE: Message must fit in boxes on this sample including spaces

-The squares include letters and/or spaces, please print information clearly
-One form per ALL IN Sign with payment attached
-Please, NO logos or pictures, NO political or campaign issues
-Messages may include business name or personal name
-ALL Sign dimension: 18" X 24"
-Sign is Black and White (no colors)

$100

BUSINESS NAME: _____

CONTACT PERSON: _____

STREET: _____

CITY:_____STATE:_____ZIP: _____

BUSINESS/DAYTIME PHONE: _____

METHOD OF PAYMENT: (circle one) Check Cash MC Visa AmEx Discover
(make checks payable to American Cancer Society)

Account #:_____Expiration Date:_____/_____

Authorized Card Holder:_____

Billing Address of Credit Card Holder
STREET:_____
CITY: _____STATE: _____ZIP: _____
PHONE: _____

For ACS use only:

RELAY INITIAL

All In Sign#

☐ FAXED

NOTE TO SIGN MAKER: PLEASE LABEL EACH SIGN WITH ABOVE CODES, I.E. Initial - #

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.