Relay For Life Team Members Registration Form

This is only for team members who do not wish to have an online Relay Account

Team Information

Relay For Life of _____

Team Name: _____

Team Captain Name:_____

First Name _____ Last Name_____

Address _____

Phone number _____ Email_____

Are they a survivor or caregiver? Survivor ❑ Caregiver ❑

T shirt size? ❑YS ❑ YM ❑S ❑M ❑L ❑XL ❑2XL ❑3XL ❑4XL

First Name _____ Last Name_____

Address _____

Phone number _____ Email_____

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