



Team Registration Form

Please fill out the Registration Information below on each Team Member.

Enclose their Commitment Fee (if applicable) and turn in to the Jamaica Cancer Society.

TEAM NAME: _____ (Please Print Clearly)

TEAM CAPTAIN: _____

Home Address: _____ Are you a cancer survivor? Yes /No

Phone: (wk) _____ ext. _____ (cell) _____ (home) _____

Email: _____

Name: _____ Are you a cancer survivor? Yes / No

Home Address: _____

Phone: (wk) _____ ext. _____ (cell) _____ (home) _____

Email: _____

Name: _____ Are you a cancer survivor? Yes / No

Home Address: _____

Phone: (wk) _____ ext. _____ (cell) _____ (home) _____

Email: _____

Name: _____ Are you a cancer survivor? Yes / No

Home Address: _____

Phone: (wk) _____ ext. _____ (cell) _____ (home) _____

Email: _____

Name: _____ Are you a cancer survivor? Yes / No

Home Address: _____

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Home Address: _____

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Home Address: _____

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Email : _____

Name: _____ Are you a cancer survivor? Yes / No

Home Address: _____

Phone: (wk) _____ ext. _____ (cell) _____ (home) _____

Email: _____

Name: _____ Are you a cancer survivor? Yes / No

Home Address: _____

Phone: (wk) _____ ext. _____ (cell) _____ (home) _____

Email: _____

In consideration of my participation in Relay For Life, I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with the event and I further waive, release discharge and covenant not to sue the Jamaica Cancer Society, its officers, members, sponsors, organizers or other representatives, or successors and assigns for any injuries, loss or damages of any kind whatsoever suffered as a result of taking part in the event and related activities.

Name: _____ Are you a cancer survivor? Yes / No
Home Address: _____
Phone: (wk) _____ ext. _____ (cell) _____ (home) _____
Email: _____

Name: _____ Are you a cancer survivor? Yes / No
Home Address: _____
Phone: (wk) _____ ext. _____ (cell) _____ (home) _____
Email: _____

Name: _____ Are you a cancer survivor? Yes / No
Home Address: _____
Phone: (wk) _____ ext. _____ (cell) _____ (home) _____
Email: _____

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Home Address: _____
Phone: (wk) _____ ext. _____ (cell) _____ (home) _____
Email: _____

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Email: _____

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Home Address: _____
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Email: _____

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Home Address: _____
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Email: _____

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Home Address: _____
Phone: (wk) _____ ext. _____ (cell) _____ (home) _____
Email: _____

Name: _____ Are you a cancer survivor? Yes / No
Home Address: _____
Phone: (wk) _____ ext. _____ (cell) _____ (home) _____
Email: _____

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