SURVIVOR REGISTRATION FORM

2010 Relay For Life of Cheshire

The American Cancer Society would like to have your information so that we may provide better support to you, other cancer survivors, and those persons currently undergoing diagnosis and treatment. Thank you!

1. Please print the following information:

Last Name:	First:	MI:
Street Address:		
City:	State:	Zip Code:
Home Phone: ( )	Work Phone:( )	
e-mail Address:	Fax Number:( )	
Occupation:		

2. What type(s) of cancer (s) have you been diagnosed with?

Type	Date of Diagnosis
a.	
b.	
c.	

3. Do you wish to participate in the Cancer Survivor's Lap at Relay? [ ]Yes [ ] No

4. Were you referred by a team? If so, please list the team name and # _____

5. Do we have permission to read your name and diagnosis during the lap? [ ]Yes [ ] No

6. Will a family member, friend or caregiver be attending the Relay with you? [ ]Yes [ ] No

Please list their names: _____

7. Given my current needs and concerns, I would like the American Cancer Society to provide more information to me on: (Check all that apply.)

[ ]a. Volunteering for Relay For Life
[ ]b. Becoming a Volunteer for other ACS Programs
[ ]c. Attending Educational Seminars
[ ]d. Speaking to legislators about Advocacy Issues
[ ]e. Attending Survivorship Programs
[ ]f. Volunteering at Special Events
[ ]g. Doing Office Work
[ ]h. Attending Planned Giving Seminars

Survivor: _____
Printed Name Signature Date

Thank You!

Please mail form to: David Hirx, American Cancer Society at 825 Brook St. I-91 Tech Center, Rocky Hill, CT 06067

- **For More information please call:** 1-203-379-4755