



Team Registration Envelope

Team Name _____

Team Captain _____

Phone (home) _____ work _____ cell _____

Address (no PO Box) _____

City/State/Zip _____

Business Name/Address _____

E-mail _____

Registration Information

If possible, please combine all checks into one.

<p>Walk for Life registrations:</p> <p># of paid registrations: PAPER (\$30 ea.) _____</p> <p># of paid registrations: ONLINE (\$25 ea.) _____</p> <p>Number of complimentary sponsor registrations: _____</p>	<p>5K Race for Life registrations:</p> <p># of paid registrations: ONLINE ONLY @ \$25 ea. _____</p> <p>Number of complimentary sponsor registrations: _____</p>
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TOTAL # OF REGISTRATIONS: _____

Total amount of registration fees (CASH) in this envelope \$ _____

Total amount of registration fees (CHECKS) in this envelope \$ _____

Total amount (PAYROLL DEDUCTION)—*for Palmetto Health employees only*—in this envelope \$ _____

TOTAL AMOUNT OF REGISTRATION FEES \$ _____

Shirt Information

Shirt sizes are not guaranteed and are available on a first come, first served basis.

# Walk for Life shirts	# 5K Race for Life shirts
S _____	S _____
M _____	M _____
L _____	L _____
XL _____	XL _____
2X _____	2X _____
Total _____	Total _____

Questions?
 Visit
palmettohealthfoundation.org
 or call 803.434.7275.

Team Information

How many breast cancer survivors are on your team? _____

Do you have signatures of all your team members? yes no

Additional Donations

PLEASE SEPARATE ADDITIONAL DONATIONS FROM REGISTRATION FEES IN THIS ENVELOPE.

Did you get donations that are in addition to registration fees? yes no

Amount of additional donations (CHECKS) in this envelope \$ _____

Amount of additional donations (CASH) in this envelope \$ _____

Amount of additional donations included with registration fees paid by check \$ _____

TOTAL ADDITIONAL DONATIONS IN THIS ENVELOPE \$ _____

Team Captain's Signature

I agree that all information provided is correct and that I have picked up shirts.

_____ Date _____

For use by Palmetto Health Foundation

Volunteer name (print) _____ Date _____

Volunteer signature _____