

Registration & Donation Form

(Or online at www.OvarianAwareness.org)

Participants are encouraged to preregister online, or by mailing in this form before Sept. 4th. Money raised after this date can be turned in at the event and will be added to your previous efforts to qualify you for fundraising awards. \$20 of the entry fee and all donations are 100% tax deductible.

Registration for (select only one): Walk or 5k Run

Runners please provide Gender _____ and Age _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Family/Team Name (if applicable) _____

Do you want to be recognized as a survivor? Yes No

Yes, I'd like to make an additional gift of \$ _____
in honor/ memory of: _____ (\$25 min)

And please send an acknowledgment (if applicable) to:

Name _____

Address _____

City _____ State _____ Zip _____

Yes, I want to buy a \$5 Teal Memory Balloon, to be placed throughout the walk, in honor/memory of the person listed above.

\$30 Pre-Registered Entry Fee (\$35 day of walk): \$30.00
(Includes cont. breakfast, lunch, t-shirt and the forum)

Additional donations, sub-total from above: \$ _____

Total Enclosed

\$

Please charge the above total to my MasterCard/ Visa
Card number _____ Exp _____

Name (as appears on card) _____

Card holder's signature _____

Checks should be made payable to "Duke Cancer Center - 11OW".
Mail this form to: DCCC-Ovarian, DUMC 3079, Durham, NC 27710

1. Your Info.

2. Additional Donations

3. Total Donations

Liability Waiver: I hereby waive all claims against Sanderson High School, and the Duke Health System, Inc. their sponsors, volunteers and personnel, for any injury I might suffer in this event.

Signature & Date _____

(Signature of participant or parent if participant is under 18 years of age.)