

OFFLINE REGISTRATION FORM

REGISTRATION INFORMATION

I am joining a team I am starting a team I am registering as an individual

Team Name: _____

Fundraising Commitment: You are committing to pay or raise the amount associated with your Challenge. If you do not raise the amount by the fundraising deadline, the Anti-Cancer Challenge will contact you for payment.

I understand the requirement to fulfill my fundraising commitment. If I do not raise the minimum commitment, I will be responsible to pay the remaining balance.

RIDE

- Rider: \$250 fundraising commitment
- VIP Rider: \$500 fundraising commitment
 - 14-mile 35-mile 60-mile 100-mile

VOLUNTEER

- Volunteer Friday, June 5 at registration from 3 - 7 p.m.
- Volunteer Saturday, June 6 - time to be determined
 - Challenge Rest Stop Medical

RUN/WALK

- Run/Walk: \$50 fundraising commitment
- VIP Run/Walk: \$500 fundraising commitment
- Child's Ticket: \$25 fundraising commitment
 - 5K 10K

VIRTUAL PARTICIPANT

- Virtual Participant

CONTACT INFORMATION

Name: _____

Date of Birth: _____

Emergency Contact Name and Number:

Username: _____

Password: _____

Jersey Size (riders only): _____

T-shirt Size (unisex): _____

I would like to receive communications from the Chao Family Comprehensive Cancer Center.

I would like to receive communications from the Anti-Cancer Challenge.

Personal Address Business Address

Mailing Address: _____

Phone: _____

Email: _____

If under 18 years of age, name of parental Supervisor:

DONATION INFORMATION

Payment Included: Visa Mastercard Discover American Express Check made payable to the UCI Foundation.

Name on CC: _____

CC Number: _____

Expiration Date: _____ CVV: _____

Authorizing Signature:

Donation amount: _____

Billing Address (if different than above):

