

# OFFLINE REGISTRATION FORM

## REGISTRATION INFORMATION

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- 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: \$50 fundraising commitment  
 VIP Rider: \$500 fundraising commitment  
 Child Rider: \$25 fundraising commitment

### VOLUNTEER

- Volunteer: various opportunities exist; an Anti-Cancer Challenge team member will contact you

### RUN/WALK

- Run/Walk: \$50 fundraising commitment  
 VIP Run/Walk: \$500 fundraising commitment  
 Child Run/Walk: \$25 fundraising commitment

### VIRTUAL PARTICIPANT

- Virtual Participant

## CONTACT INFORMATION

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name and Number:  
\_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Jersey Size (riders only): \_\_\_\_\_

T-Shirt Size (unisex): \_\_\_\_\_

- Personal Address     Business Address

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If under 18 years of age, name of parental supervisor:  
\_\_\_\_\_

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

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

## DONATION INFORMATION

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- Credit Card:     Visa     Master card     Discover     American Express

Name on CC: \_\_\_\_\_

CC Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    CVV: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

- Check made payable to the UCI Foundation.

Donation Amount: \_\_\_\_\_

Billing Address (if different than above):  
\_\_\_\_\_

\_\_\_\_\_