

ANTI-CANCER CHALLENGE OFFLINE REGISTRATION FORM



REGISTRATION INFORMATION

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

Team Name: _____

- | | |
|---|---|
| <input type="checkbox"/> 10 mile ride- \$50 registration donation
\$500 fundraising Commitment | <input type="checkbox"/> Stationary Bike Ride- select time below
\$50 registration donation |
| <input type="checkbox"/> 30 mile ride- \$50 registration donation
\$500 fundraising Commitment | <input type="checkbox"/> 2:15 p.m. <input type="checkbox"/> 3:15 p.m. <input type="checkbox"/> 4:15 p.m. <input type="checkbox"/> 5:15 p.m. |
| <input type="checkbox"/> 60 mile ride- \$50 registration donation
\$1,000 fundraising Commitment | <input type="checkbox"/> 5K Run/ walk- \$50 registration donation |
| <input type="checkbox"/> 100 mile ride- \$50 registration donation
\$1,000 fundraising Commitment | <input type="checkbox"/> 5K Child Run/ walk
\$25 registration donation |
| <input type="checkbox"/> CHOC Children's Ride
\$25 registration donation, proceeds benefit
cancer research at CHOC Children's | <input type="checkbox"/> Volunteer- you will be contacted to arrange
your schedule and position. |
| | <input type="checkbox"/> Virtual Participant |

CONTACT INFORMATION

NAME: _____

Date of Birth: _____

Emergency Contact Name and Number:

Username: _____

Password: _____

Jersey Size: _____

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:

PAYMENT INFORMATION

Check *Please make checks payable to the **UCI Anti-Cancer Challenge**.

Credit Card Type: Visa Discover Master Card American Express

Name on CC: _____

CC Number: _____

Expiration Date: _____

Billing Address if different than above:

Registration total: _____

Additional donation: _____

Total to be charged: _____

Authorizing Signature: _____

THE ANTI-CANCER CHALLENGE