

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 committment | <input type="checkbox"/> Spin Ride select time below: \$50 registration donation
<input type="checkbox"/> 11:00 a.m. <input type="checkbox"/> 1:00 p.m. <input type="checkbox"/> 2:00 p.m. |
| <input type="checkbox"/> 30 mile ride: \$50 registration donation
\$500 fundraising committment | <input type="checkbox"/> 5K Student/Military - \$50 registration donation |
| <input type="checkbox"/> 60 mile ride: \$50 registration donation
\$500 fundraising committment | <input type="checkbox"/> Child's Ticket: \$25 registration donation
<input type="checkbox"/> 5K Run/Walk <input type="checkbox"/> Ride <input type="checkbox"/> Ride and 5K |
| <input type="checkbox"/> 100 mile ride: \$50 registration donation
\$500 fundraising committment | <input type="checkbox"/> Volunteer- you will be contacted to arrange your
schedule and postion. |
| <input type="checkbox"/> Student/Military Rider: \$25 registration donation
\$250 fundraising committment | <input type="checkbox"/> Virtual Participant |

CONTACT INFORMATION

NAME: _____

Date of Birth: _____

Emergency Contact Name and Number:

Username: _____

Password: _____

Jersey Size: _____

T-shirt Size (unisex): _____

- Personal Address Business Address

Mailing Address: _____

Phone: _____

Email: _____

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

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

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

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: _____

Registration total: _____

CC Number: _____

Additional donation: _____

Expiration Date: _____

Total to be charged: _____

Billing Address if different than above:

Authorizing Signature: _____