

REGISTRATION FORM

UCI Anti-Cancer Challenge

EVENT 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 UCI 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 14-mile 35-mile 60-mile 100-mile

Rider: \$50 fundraising commitment

VIP Rider: \$500 fundraising commitment

RUN/WALK 5K 10K

Run/Walk: \$50 fundraising commitment

VIP Run/Walk: \$500 fundraising commitment

Child's Ticket: \$25 fundraising commitment

VOLUNTEER

Volunteer | October 5, 6, or 7 (Packet Pick-up)

Volunteer | Saturday, October 8 (Challenge Day)

Challenge Rest Stop Medical

VIRTUAL PARTICIPANT

Virtual Rider

Virtual Run/Walk

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 UCI Health Chao Family Comprehensive Cancer Center.

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

Personal Address Business Address

Address: _____

Phone: _____

Email: _____

If under 18 years of age, name of parental supervisor: _____

DONATION INFORMATION

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): _____
