

# REGISTRATION FORM

## 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 charge the card on file.*

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

### VOLUNTEER

Volunteer | October 4, 5, or 6 (Packet Pick-Up)

Volunteer | Saturday, October 7 (Challenge Day)

Aldrich Park     Rest Stop     Medical

**RUN/WALK**     5K     10K

Runner/Walker: \$50 fundraising commitment

VIP Runner/Walker: \$500 fundraising commitment

Child Runner/Walker: \$25 fundraising commitment

### VIRTUAL PARTICIPANT

Virtual Rider/Runner/Walker: \$50 fundraising commitment

Virtual VIP Rider/Runner/Walker: \$500 fundraising commitment

Virtual Child Runner/Walker: \$25 fundraising commitment

## CONTACT INFORMATION

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

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

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

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

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

Jersey Size (VIP 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 UCI Anti-Cancer Challenge.

Donation amount: \_\_\_\_\_

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