



SURVIVOR & CAREGIVER REGISTRATION



CANSA Relay For Life Event Name

Date

To start @ 18:00 and end @ 06:00 on Day Month 2019.

Please send the completed registration form to:

Name Surname - Event Chair

C:
F:
E:

Name Surname - Staff Partner

C:
F:
E:

Survivor Information

Name & Surname: _____

Age: _____

Gender:

M

F

Telephone: (H) _____

(C): _____

Email address: _____

Postal Address: _____

Will you require assistance (e.g. wheelchair, caregiver) at the event?

YES

NO

(If yes, please specify) _____

T-shirt size adult:

S

M

L

XL

2XL

3XL

4XL

5XL

Child:

S

M

L

XL

2XL

3XL

4XL

5XL

Would you like to receive communication from CANSA:

YES

NO

Would you like to be added to the CANSA database as a Survivor:

YES

NO

Would you like to be added to be contacted by your local CANSA Care Centre:

YES

NO

Signature: _____

Toll-free 0800 22 66 22 www.relayforlife.org.za

CELEBRATE

REMEMBER

FIGHT BACK

