

SURVIVOR & CAREGIVER REGISTRATION



CANSA Relay For Life Event Name

Date

To start @ 18h00 and end @ 6h00 on *Day Month* 2021.

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: _____

Town/City/Province: _____

Will you require assistance (e.g. wheelchair, caregiver) at the event? YES NO

(If yes, please specify) _____

Would you like to receive communication from CANSA? Y N

Would you like to be added to the CANSA database as a Survivor? Y N

Would you like to be added to be contacted by your local CANSA Care Centre? Y N

Signature: * _____

Caregiver Information

Caregiver 1

Name & Surname: _____

Gender: _____

Tel: _____

Cell: _____

Email: _____

Signature * _____

Caregiver 2

Name & Surname: _____

Gender: _____

Tel: _____

Cell: _____

Email: _____

Signature * _____

* I herewith give permission that personal information which is required for the CANSA Relay For Life project may be stored on a paper-based and/or digital systems of CANSA and may be used for the purpose of the project. I consent to CANSA using my data for statistical purposes (no personal information will be used). Statistics will be used for internal research and for external stakeholders' information only.

CELEBRATE

REMEMBER

FIGHT BACK

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