

TEAM COMMITMENT



CANSA Relay For Life Event Name

Date

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

Please send the team commitment form to:

Name Surname - Event Chair

C:

F:

E:

Name Surname - Staff Partner

C:

F:

E:

TEAM COMMITMENT: R_____ per team

Team Captain	
Name & Surname:	
Team Name:	
WhatsApp No.:	Tel:
E-mail:	Town/City/Province:

	Name & Surname	Contact No.	Email	Cancer Survivor	Signature *
1		082887XXXX			
2					
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12					
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14					
15					

* 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, including photos of the participants and event on CANSA platforms. 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