



Annual Sportsathon to Benefit
PEDIATRIC CANCER FOUNDATION
Registration Form

Mail form to: Pediatric Cancer Foundation, P. O. Box 785, Mamaroneck, NY 10543

Camper Registration

* indicates a required field

Camper First Name*: _____

Camper Middle Name: _____

Camper Last Name*: _____

Company Name: _____

Parent's Billing Address*: _____

City*: _____

State*: _____ Zip*: _____

Telephone*: _____

Email Address*: _____

Enclosed is our family donation of ___ \$35 ___ \$50 ___ \$100 ___ Other

Enclosed are our sponsor checks: Total \$ _____

Method of Payment:

Check one: check ___ credit card type _____ (Am Ex, MC, VISA)

Credit card # _____

Exp Date: _____ Signature _____