



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 \_\_\_\_\_