

## Sarasota Walk - November 13, 2010

### PRE-REGISTRATION FORM

Thank you for pre-registering for Sarasota Walk. Please print the form and mail the completed form with a check before **Monday, September 20**. Make checks payable to: PCAF or Pancreatic Cancer Awareness Foundation. Address: PO Box 2111, Sarasota, FL 34230-2111

First Name _____	Last Name _____
Name(s) of Family Members Participating _____	
Address _____	City / Zip _____
Contact Number _____	Email _____
<i>You will receive a confirmation by email or phone call.</i>	

<b>How did you hear about the Sarasota Walk for Pancreatic Cancer Awareness?</b>					
Friend <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Radio <input type="checkbox"/>	TV <input type="checkbox"/>	Website <input type="checkbox"/>	Other _____

<b>T-shirt size: Please specify size. (One t-shirt per registered participant)</b>					
Adult:	S _____	M _____	L _____	XL _____	XXL _____
Child:	S _____	M _____	L _____		

	<b>Registration Fee: \$20.00 per person</b>	\$ _____
	<b>Contribution for Pancreatic Cancer Research</b>	\$ _____
<b>Total Number Participating</b> _____	<b>Total Enclosed</b>	\$ _____

Waiver: Pancreatic Cancer Awareness Foundation is not responsible for any accident, injury or death of any individual participating in the walk. Pancreatic Cancer Foundation cannot be held liable, nor can we be sued as a result of any unfortunate accident. Thank you.	
Signature _____	Date _____

### DEADLINE TO PRE-REGISTER - MONDAY, SEPTEMBER 20

Thank you for your support and participation in Sarasota Walk !

[www.sarasotawalk.org](http://www.sarasotawalk.org)

swregister@sarasotawalk.org or call 941.400.4597

**PCAF • PO Box 2111 • Sarasota, FL • 34230-2111**