TEAM CAPTAIN REGISTRATION FORM **2010 LAKEWALK FOR CANCER**

EARLY REGISTRATION DEADLINE: MARCH 17, 2010 FINAL REGISTRATION DEADLINE: MAY 1, 2010 9:45 A.M.

REGISTER YOUR TEAM IN ONE OF THREE EASY WAYS!

1 ONLINE

Log onto **www.lakewalk.org** to register yourself and your team online.

2 BY MAIL

Please mail this form and payment to:

LakeWalk for Cancer
Oconomowoc Memorial Hospital Foundation
791 Summit Avenue
Oconomowoc WI 53066

3 BY FAX

If paying by credit card, fax your completed form to:

LakeWalk for Cancer
(262) 560-2311

TEAM INFORMATION *(please print)*

Name of Team

Company/Organization/Group

○ YES, we are interested in customized team T-shirts (additional $25 fee due by March 17)

○ NO, we do not want customized team T-shirts

TEAM CAPTAIN REGISTRATION *(please print)*

Team Captain

○ I am a cancer survivor (This information is tracked by ProHealth Care.)

Address City State Zip

Daytime Phone Evening Phone Fax E-mail An e-mail address is required.

○ Long-sleeved ADULT Unisex T-shirt:

Circle one: S M L XL XXL 3XL

T-shirts cannot be guaranteed for entries received after March 17.

○ Decline shirt

REGISTRATION FEES

$15 postmarked on or before March 17;
$20 after March 17

Registration Fee: $_____

Personal Gift Enclosed: $_____

Total Enclosed: $_____

Net proceeds from LakeWalk go directly to support the Regional Cancer Center at Oconomowoc Memorial Hospital. Donations are tax deductible as prescribed by law.

CREDIT CARD PAYMENT

○ MasterCard ○ VISA

Credit Card #

Signature

Exp. Date ___ /____

INDEMNIFICATION

I know that I should talk to my doctor before taking part in this walk if I have any concerns about my health. I agree that ProHealth Care, Inc. is not responsible for any problems or injuries I may have while taking part in this walk. I agree not to bring a claim or lawsuit against ProHealth Care, Inc. or any individual or entity associated with the event. I also agree I am the only one responsible for all of my personal items. I also agree to the use of my name and pictures in any broadcast, telecast or print media account of this event. In filling out the form, I acknowledge I have read and fully understand my own liability and do accept restrictions.

Signature

Date