



# 2010 Relay For Life TEAM COMMITMENT FORM

Site: **Bartow** Date: APRIL 9-10, 2010

*(Please provide complete information)*

Team Name: \_\_\_\_\_

Team Captain's Name: \_\_\_\_\_

Name of Business or Organization: \_\_\_\_\_

Mailing Address for Team: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W): \_\_\_\_\_ (H): \_\_\_\_\_

(Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

(Email): \_\_\_\_\_

Recruiter: \_\_\_\_\_ Did you participate in Relay 2008? \_\_\_\_\_

Commitment Fee : minimum \$100 per team (counts toward team total fundraising)

Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_

(Fee must be received to secure campsite)

Payable by check, cash or credit card: *(Please enclose copy of this form with your payment)*

Amex/Master Card/Visa or Discover #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please complete and return to the American Cancer Society -

Attn: Relay For Life - Bartow 2010

Fax: (863) 687 - 6939

Mail to:  
American Cancer Society Office  
809 S. Florida Ave.  
Lakeland, FL 33801

Questions? Call (863) 688-2326

**For Office Use Only:**

Site Name: FL PLK BART/RFL02

Date Received: \_\_\_\_\_ Amount

Received: \_\_\_\_\_

Attach a copy of the check or credit slip to this form.