



2011 Relay For Life TEAM COMMITMENT FORM

Site: **Bartow** Date:

(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
2010? _____

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 2011

Fax: (863) 687 - 6939 Mail to:

American Cancer Society Office

Questions? Call (863) 688-2326 809 S. Florida Ave.

Lakeland, FL 33801

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.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF

CONSUMER SERVICES BY CALLING TOLL- FREE, 1-800-435-7352, WITHIN THE STATE.

REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE