

2012 Gunnedah Relay For Life
2pm Saturday 12th May to 10am Sunday 13th May 2012
Gunnedah Showground, Cnr View and South streets, Gunnedah



How to Register Your Relay For Life Team

- 1 Firstly, become a 'Team Captain' by completing the section below.
- 2 Add your Team Members' names to Page 2.
- 3 Cash, cheques or credit card are accepted to pay your registration fee.
- 4 Drop your registration form and money into **Second Edition, 276 Conadilly Street, Gunnedah** OR fax to 6766 7053, post or drop it into **Cancer Council North West, 2/218 Peel St, Tamworth NSW 2340**. Shirts will be available for collection at Second Edition or at team information meetings. Team kits will be posted out to team captains. We will also include some helpful fundraising tips to get you started!

Team Name: _____

Team Captain Details

Mr / Mrs / Ms First Name: _____ Last Name: _____

Organisation (if applicable): _____ Date of Birth: _____

Position (if applicable): _____ I am under 18 years of age

Postal address: _____ P/Code: _____

Delivery address: _____

_____ P/Code: _____

Daytime telephone contact: _____ Mobile: _____

By providing your email address you will help us to contact you more cost effectively.

Email: _____

Sex: M F How many years have you previously participated in this Relay? _____

Shirt size: **Kids size:** 6 8 10 **Adult:** S M L XL XXL 3XL 4XL 5XL

I am interested in volunteering for the Cancer Council

I am interested in leaving a gift in my will to the Cancer Council

TEAM MOTIVATION I have/survived cancer Friend/colleague has/had cancer Family member has/had cancer

If you are participating to honour someone, what is their name and relation to you? _____

How did you FIRST find out about Relay For Life? Tick below or Other: _____

Did it last year Brochure Newspaper Cancer Council Magazine Website Friend

Registration Fee

Early bird registration (pay by 13th Apr 2012): \$15 per person

Registrations from 14th Apr onwards: \$20 per person

Date: _____

No. reg'd: _____ x \$15 or \$20 (pls tick) = \$ _____

Payment Details:

Credit Card: Visa Mastercard

Card No: _____ / _____ / _____ / _____

Name on Card: _____ Expiry Date: /

Cheque/Credit Card Signature _____

➔ Cheque: Pay and Send to: Cancer Council North West

PO Box 1616, Tamworth NSW 2340

Or drop into Second Edition, 276 Conadilly St, Gunnedah

IMPORTANT – PLEASE SIGN

Relay For Life Team Member Application and Conditions of Entry

In consideration of my entry below being accepted, I understand, intending to be legally bound for myself and my heirs, executors and administrators, waive and release the organizers and sponsors (individually and collectively), including the directors, officers, staff, volunteers and representatives thereof, and indemnify them against any liability (including liability for negligence) for the death or any physical or mental illness, incapacity or property damage or loss I may suffer which may directly or indirectly result from my participation in the event. I further verify that I am in proper physical and mental condition to participate in the event and acknowledge that I am aware of the risks involved and voluntarily agree to assume those risks. **ALL MUST SIGN:**

I agree to the above conditions.

Signature _____

Date _____

(NB: if captain is under 18, parent/guardian must sign)

The Cancer Council may, from time to time, wish to send you information about other means of support and developments related to the fight against cancer. Please contact us on 1300 65 65 85 if you do not wish to receive this information.

PRIVACY NOTE: Your details will only be used for the purposes of the Cancer Council NSW. Please note that all team and team members' names will be featured on the Cancer Council Relay Website. If you do not wish to appear please contact us.

Gunnedah Relay For Life

Team Members Registration Form

Page _____ of _____

PLEASE PHOTOCOPY THIS PAGE FOR ADDITIONAL TEAM MEMBERS AS REQUIRED

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2

Team Name/Captain: _____

Mr / Mrs / Ms First Name: _____ Last Name: _____

Address: _____ P/Code: _____

Daytime telephone contact: _____ Mobile: _____

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Email: _____

Sex: M F Date Of Birth / / I am under 18 years of age

Polo shirt size: **Kids size:** 6 8 10 **Adult:** S / M / L / XL / XXL / 3XL / 4XL / 5XL Paid Registration to Captain

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- I am interested in volunteering for The Cancer Council
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How many years have you participated in this Relay? _____

3

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