

REGISTRATION FORM

4th Annual Paint El Paseo Pink

Saturday, October 9, 2010 – The Gardens on El Paseo



Make a difference in the fight against breast cancer today!

PARTICIPANT INFORMATION			
First Name:			
Last Name:			
Street Address:			
City:	State:	Zip:	
Sex: M F	Birthdate:	/	/
Phone:			
E-mail:			
Team Name:			
<input type="radio"/> I am a breast cancer survivor.			

PARTICIPATION TYPE	Per Entry
Adult \$20 Registration Fee (includes T-shirt)	\$
Senior (60+) \$15 Registration Fee (includes T-shirt)	\$
Youth (16 or under) \$15 Registration Fee (includes T-shirt)	\$
I'd like to buy an additional T-shirt \$15 each	\$
I'd like to make a donation	\$
TOTAL AMOUNT	\$
T-Shirt Size: (Select size for each registered participant.)	
<input type="radio"/> XS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> XXL <input type="radio"/> Children's Small <input type="radio"/> Children's Large	

WAIVER AND RELEASE
<p>I know that this event is potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against Desert Cancer Foundation, any Walk sponsors and their agents and employees, and all other persons or entities associated with this event (the Releasees) from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the Releasees or otherwise. I hereby grant permission to Desert Cancer Foundation and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event for any purpose.</p>

PAYMENT INFORMATION
<input type="radio"/> Cash <input type="radio"/> Credit Card <input type="radio"/> Check (Make Check Payable to Desert Cancer Foundation)
Select One: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express
Credit Card Number:
Expiration Date: / /
Registrations with credit card authorization may be faxed to Desert Cancer Foundation at 760-773-6532. Mail your completed registration form and payment to: Desert Cancer Foundation, 74091 Larrea St., Palm Desert, CA 92260.

Signature _____