

REGISTRATION FORM

Saturday, November 6, 2010
 North Beach Grill, Tybee Island, GA
 Registration opens at 4:00 p.m.

ONE FORM PER PERSON, PLEASE PRINT CLEARLY

Participant last name	Participant first name	DOB	M	F
			Gender	
Street address	City	State	Zip code	
Phone	E-mail address			

Registration type:

- Individual: \$25 (\$30 at event)
- Child 3-12: \$10 (\$15 at event)
- Survivor: FREE

T-shirt size

- Adult: S M L XL XXL
 Youth: S M L

I'd like to make an additional donation of _____ to the Pancreatic Cancer Action Network

Payment method:

- Check Check # _____ Check date _____

**Please make checks payable to Pancreatic Cancer Action Network and include participant and event names*

- Credit card Please circle one: Visa MC AmEx Disc Exp. date _____

Card # _____ CID# _____ Signature _____

Name as it appears on card _____

- Cash

Total amount enclosed or charged \$ _____

WAIVER

I hereby waive and release any and all claims against the Pancreatic Cancer Action Network for injuries and damages for **myself** and **all minor dependents** who attend the event, event sponsors, venue management, and all personnel for any injury I, or all minor dependents, might suffer during or as a result of this event. I attest that I and all minor dependents are physically fit and prepared for this event. I grant full permission for organizers to use photographs, video and/or quotations of myself and all minor dependents for legitimate accounts of this event and promotion of the Pancreatic Cancer Action Network. The Pancreatic Cancer Action Network is not responsible for any items lost or stolen at any time before, during or after the event. I understand that I am fully responsible for all minor dependents for the duration of the event and must accompany them at all times.

Participant's signature (Parent/Guardian's signature if participant is under 18)	Date
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Please mail completed form and payment to:

Pancreatic Cancer Action Network
 ATTN: PurpleStride Savannah 2010
 2141 Rosecrans Ave., Suite #7000
 El Segundo, CA 90245