



Celebrate. Remember. Fight Back.®

May 30<sup>th</sup> - 31<sup>st</sup>, 2014

Team Registration

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

This roster is for use by Team Captains to track your Team Member information and T-shirt distribution. Please note team size not to exceed 15 people.

Team Members (First and Last Name) Please indicate Captains with **	Phone	Email	Registration (circle one)	\$10 Registration Fee Paid (Yes/No)	T-Shirt Size	Survivor (Yes/No)	Youth Waiver (Yes/No)
1.			Cash / Cheque Online transfer				
2.			Cash / Cheque Online transfer				
3.			Cash / Cheque Online transfer				
4.			Cash / Cheque Online transfer				
5.			Cash / Cheque Online transfer				
6.			Cash / Cheque Online transfer				
7.			Cash / Cheque Online transfer				
8.			Cash / Cheque Online transfer				
9.			Cash / Cheque Online transfer				
10.			Cash / Cheque Online transfer				
11.			Cash / Cheque Online transfer				
12.			Cash / Cheque Online transfer				
13.			Cash / Cheque Online transfer				
14.			Cash / Cheque Online transfer				
15.			Cash / Cheque Online transfer				

Please submit your completed roster to Bermuda Cancer and Health Centre prior to April 30<sup>th</sup>, 2014 by emailing [finance@chc.bm](mailto:finance@chc.bm) or drop off at 46 Point Finger Road:

Total Registration Fees: \$ \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Method Submitted:  cash     cheque     debit/credit     online transfer HSBC – SA#006-048482-011     online transfer BNTB – SA#20006060372314-200

Bermuda Cancer and Health Centre is a registered Charity #070, and an International Charitable Fund 501c (3) designated organization.

T 441-236-1001 x1035

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