



**Celebrate.
Remember.
Fight Back.®**

SURVIVOR / THRIVER Registration Form

PLEASE NOTE: If you are a survivor on a team do not complete this form. When registering as a team participant, you should indicate that you will participate in the Survivor Lap. Feel free to wear colours that represent your cancer. Wear comfortable shoes. Express yourself with your own style and flair!! A sash will be provided and other paraphernalia. ***Please invite your caregivers to celebrate with you.***

Your Name: _____

Your address: _____

Contact number: _____ Email address: _____

Number of years a THRIVER/SURVIVOR: _____ years

Participant Signature: _____ Date: _____

(Or Parent/Guardian if under 18)