



Sixth Annual BREAST CANCER

AWARENESS WALK

2009

REGISTRATION FORM

Fee: \$10 for adult size t-shirts; \$5 for children's t-shirt sizes. All participants will be entered into a drawing for other prizes.

Name: _____

Street address: _____

City, state and zip code: _____

Telephone number: _____

Email address: _____

T-shirt size: _____

How did you hear about the Breast Cancer Awareness Walk? _____

Who in your life has been affected by breast cancer? _____

Please mail registration form and check or money order payable to Phoebe Sumter Medical Center, Public Relations Department, 1048 E. Forsyth St., Americus, Georgia 31709. For more information, call 229-924-6011.