



Cascade Lakes Pap Walkathon

Cascade Lakes Clubhouse Poolside

Saturday, December 7, 2024 @ 9 a.m.

HIT IT OVER THE NET FOR CANCER RESEARCH Participants' Registration Form

Participant's Name: _____ Pap ID# _____

Participant's Name: _____ Pap ID# _____

Please select shirt size: Small _____ Medium _____ X-Large _____ 2XL _____

Registration fee of \$35 per person includes a Cascades Lakes Tee-Shirt.

Deadline November 10, 2024.

Payment Information: *I have enclosed my check for \$*_____

Please make your check payable to The Pap Corps and drop in box @ house entry or mail back to Co-Chairs: Cindy Shamlan, 5190 Pelican Cove Drive, Boynton Beach, FL 33437 or Debbi Klein, 5350 Landon Circle, Boynton Beach, FL 33437

Participants' Signatures

IMPORTANT – PLEASE READ AND SIGN BELOW

I voluntarily make and grant this Waiver and Assumption of Risk in favor of the Pap Corps, Champions for Cancer Research, together with their affiliates, sponsors, officers, directors, employees, and contract and volunteer staff for the opportunity to use the facilities, equipment and materials, and to participate in the activities, events, and festivities offered in connection with the Pap Walkathon of Cascade Lakes on Saturday December 7, 2024.

Signature: _____ Date: _____

Signature: _____ Date: _____

THE PAPANICOLAOU CORPS FOR CANCER RESEARCH INC. DBA THE PAP CORPS, CHAMPIONS FOR CANCER RESEARCH, IS A REGISTERED 501(C)(3) ORGANIZATION. A COPY OF THE OFFICAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA STATE CONSUMER SERVICES BY CALLING (800) 435-7352, TOLL FREE WITHIN THE STATE OR VISIT WWW.800HELPFLA.COM REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. REGISTRATION #CH2450.