Site Location_____

Captain's Name _____

Captain's Phone Number (Required) _____

Captain's E-mail Address _____

NAME	PIN(S)	T-SHIRT(S)							Amount Due	Paid
		Small	Medium	Large	X-Large	XX-Large	XXXL	XXXXL		

Please keep a copy of this form for your records.

Checks should be made payable to the Northeast Regional Cancer Institute.

Return collected money to:

Northeast Regional Cancer Institute, 334 Jefferson Avenue, Scranton, PA 18510