

Captain's Name _____



Captain's Phone Number (Required)

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| ptain's E-mail Address | | | | | | | | | | T-Shirt Color: Kelly Green | | | | | | | | |
|------------------------|------|---------------|---|--|---|----|-----|------|-------|----------------------------|---|---|----|--------------------|---------------|-------|--|--|
| NAME | Mask | Socks \$10 | Long Sleeve - \$20 each 100% cotton, Kelly Green | | | | | | | | | | | re - \$2 er, Ke | Amount Due | Paid | | |
| | \$5 | | S | | L | XL | XXL | XXXL | XXXXL | S | М | Ĺ | XL | XXL | XXXL | XXXXL | | |
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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, 312 Adams Avenue, Scranton, PA 18503

Ordering deadline is Wednesday, March 16, 2022, at 4:00 p.m. Call (570) 904-8808 for questions.