



**Komen Ozark Race For The Cure®** **Team Participation Form**

**Contact Information** **\*\*PLEASE PRINT CLEARLY\*\***

<b>Company/Organization/Team Affiliation Name:</b>  <b>Team Contact Person:</b>	<i>To be completed by Komen RFTC Staff</i>  <b>Team's Batch Number(s):</b>
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<b>Participant Information</b>  <i>(An Official Registration form with original SIGNATURE must be submitted by each participant.)</i>	<b>Additional Donation Amt</b>  <i>*Must be included in the Total Amt of Cash/Check column</i>	<b>#Pasta Party tickets</b>	Youth  T-shirt	<b>Adult T-shirts</b>	<b>Survivor T-shirts</b>
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Child	Adult	Last Name	First Name	Check #	TOTAL Amt of Cash/Check	Donation Amt Only	Child	Adult	YS	YL	S	M	L	XL	2XL	S	M	L	XL	2XL
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**\*\*Number of Participants Must Agree with the number of Registration Forms attached.**