



A Celebration of Life!

The Cancer Survivor Lap will take place:

Date: Saturday, May 22, 2004

Time: 6:00 p.m.

Location: Jordan High School, Garrett Road

Cancer Survivors, please arrive at the Survivor Registration Area by 5:00 p.m.

Survivor Registration - Durham Community

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

T-Shirt Size: YM ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

What age were you when you were diagnosed with cancer? _____

Are you between the ages of 3 and 18? Yes or No (circle one)

VOLUNTEER OPPORTUNITIES:

Advocacy

___ Increase funding for cancer research and programs

___ Underserved and minority issues, increase access to care

___ Tobacco related issues

Patient Support

___ Peer support for breast cancer survivors (Reach to Recovery)

___ Peer support for prostate cancer survivors (Man to Man)

___ Drive patients to treatment (Road to Recovery)

___ Licensed Cosmetologists teach wig and make up techniques to survivors undergoing treatment (Look Good...Feel Better)

Other Volunteer Opportunities

___ Relay For Life

___ Galas

___ Tell 5 friends to get a mammogram (Tell a friend)

___ Marketing and public relations

___ Other _____

___ Golf

___ Colorectal cancer awareness

___ Prostate cancer awareness

___ Office volunteer

Please return form to:

Hedy Echard
806 Brookhaven Dr.
Durham, NC 27707

American Cancer Society office:
919-834-8463

Optional

If you would like the following information read about you during the Survivor Ceremony, please fill out below:

Type(s) of cancer: _____

When did you find out you had cancer? Month _____ Year _____

___ Please do not announce my name or anything about me during the Survivors Ceremony