

## Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Name of Team \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Person of Contact \_\_\_\_\_

Entry fee \$25.00 (Individuals)  
\$150.00 (Groups of 8)

**(ANY GROUPS OVER 8 MUST FORM ANOTHER GROUP)**

**(PLEASE NOTE THAT THERE CAN BE MORE THAN ONE GROUP WITH THE SAME NAME.)**

SOUTHERN QUEENZ CANCER ORGANIZATION  
32088 HIGHWAY 11  
BURAS, LA 70041  
(504)564-4851  
[vanessaragas@gmail.com](mailto:vanessaragas@gmail.com)

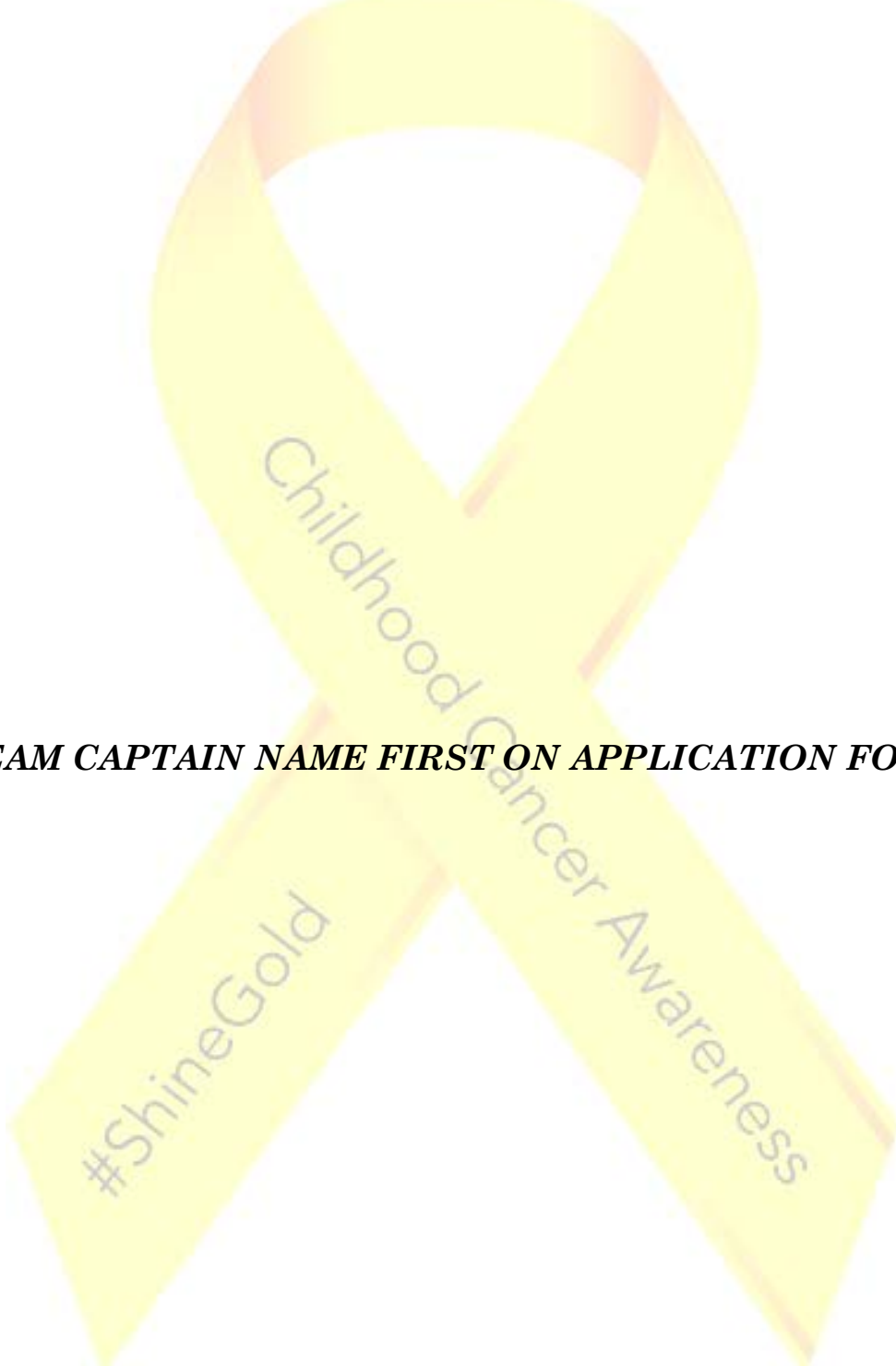
Please return application and Entry fee no later than  
**JUNE 3, 2018.**

**(PLEASE NOTE ALL ENTRY FEES ARE NON-REFUNDABLE)**

**LIST OF ALL GROUP MEMBERS**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

***(TEAM CAPTAIN NAME FIRST ON APPLICATION FORM)***



***WHO ARE YOU FIGHTING FOR????***