

# 17<sup>th</sup> Annual Savoy Breast Cancer Awareness Walk

## CANCER SURVIVOR REGISTRATION FORM

Please print and fill out completely:

I choose to participate in { } 1 mile walk \*\*\*\*No fee for participation and (1) t-shirt included

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

As a Cancer survivor, I would like to participate in the Survivor Celebration held before walk begins { } yes { } no

**SHIRT SIZE:** (Please check one)

ADULT: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

**Additional shirts can be  
purchased for \$20. Please fill out a  
separate t-shirt order form.**

YOUTH: ☐ S ☐ M ☐ L

**WAIVER- Each participant must read and sign.**

- As a participant in the "Savoy Breast Cancer Awareness Walk 1 mile fun run/walk, I, for myself, my executor, administrators, and assigns, do hereby release and discharge Savoy Indigent Patient Support, Savoy Cancer Center, the town of Mamou, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event.

- I give my full permission for the use of my name and photograph in this event. I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of parent or legal guardian if participant is under 18 years old)

**Please return form by Friday September 12, 2025. Pick-up day will be announced via FACEBOOK.**

Mail registration form to Savoy Indigent Patient Support, PO Box 359, Mamou, LA 70554 or drop off at Savoy Cancer Center, 803 Poinciana Avenue, Mamou, LA. Call Connie @ 337-468-3099 for additional information.

OFFICE USE: DATE RECEIVED: \_\_\_\_\_ { } PAYMENT RECEIVED { } SHIRT { } BIB: \_\_\_\_\_