18th ANNUAL

SAVOY BREAST CANCER AWARENESS WALK

SATURDAY, OCTOBER 3, 2026 | REGISTRATION FORM

Please print clearly and complete all sections.

PARTICIPANT INFORMATION

Name: _____

Phone: _____

Email: _____

REGISTRATION & ADULT SHIRT SIZE

Adult sizes: □ S □ M □ L □ XL	**$20** shirt + walk
Extended sizes: □ 2XL □ 3XL □ 4XL	**$25** shirt + walk

Group pickup name (if applicable): _____

PARTICIPANT 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, officers, members, sponsors, organizers, representatives, successors, and all cooperating businesses and organizations from all claims, damages, demands, actions, and causes whatsoever arising from my participation or that of my child in this event.

I give my full permission for the use of my name and photograph in connection with 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 before transport to a hospital for further treatment.

Signature: _____ **Date:** ____ / ____ / _____

Parent or legal guardian signature required for participants under 18.

PAYMENT, PICKUP & RETURN INFORMATION

T-shirt pickup: Pickup day will be announced on Facebook.

Payment: Make checks payable to Savoy Indigent Patient Support (SIPS).

Return form: Mail to SIPS, PO Box 359, Mamou, LA 70554, or drop off at Savoy Cancer Center, 803 Poinciana Avenue, Mamou, LA. For more information, call Desiree at 337-580-5625.