



NORTH SHORE *virtual*
CANCER WALK
 SEPTEMBER 13, 2020

First name: _____

Last name: _____

Address: _____

City/State/Zip: _____

This is my: home address work address

Telephone (include area code): _____

Email: _____

Please check one: walker team captain

Team name (if applicable): _____

NSMC Employee Partners Affiliate Employee

Age of participant: under 18 years over 18 years

Please sign. *If under 18, a legal guardian must sign for you.*

Signature: _____

Please note: Submission of this entry constitutes an acknowledgement that the walker is physically able to undertake the North Shore Cancer WALK and has waived any and all claims arising out of which they might assert against any parties connected with the WALK. In addition, the participant assents to the use of any photo, film or videotape of the event for any purpose. North Shore Medical Center does not necessarily endorse the views of any groups or organizations participating in the WALK. All participants will be added to our mailing list.

To register or donate online visit:
NorthShoreCancerWalk.org

Sponsor's Name	Address	City/State/Zip	Amount	Cash
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Please do not mail cash. Make checks payable to and mail to:
NORTH SHORE CANCER WALK | 81 HIGHLAND AVE. | SALEM, MA 01970

\$

Total Enclosed