



Date: Saturday, June 6, 2026 (Rain or Shine)
Time: 9AM (8 AM Registration)
Where: Hammonton Middle School - 75 N. Liberty St.
 Adults: \$20 per person
Teams of 5 or more \$15 per person
(Each member must submit a separate reg. form)
 Students (ages 11-18): \$10 per student

Please complete the form below and return to:
 Hammonton Cancer Foundation, PO Box 1066, Hammonton, NJ 08037
 Make checks payable to: Hammonton Cancer Foundation
 Questions? Contact David (609-472-0121
 Email: HCFpresident@live.com

Name _____ Check One: Adult _____ Student _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Emergency Contact Name & Number _____

Cancer survivor (Y/N): ____ Team that you are walking with (must be over 5 people): _____

In consideration of this entry being accepted, I hereby for myself, heirs, executors, and administrators, waive and release any claims I may have against Hammonton Cancer Foundation, the Town of Hammonton, the Hammonton Board of Education, all Parties, Groups, Organizations, Volunteers, Sponsors, and (or) any Representatives involved in this event for any and all injuries suffered by me in these events. I certify that I am in physical condition for this event.

 SIGNATURE (Signature of parent if under 18)

 DATE

Non-Participant Donor List:

Name: _____	Donation: _____
Name: _____	Donation: _____