



Tribute Book Instructions

Once you decide on a tribute level, complete this form below and submit it with your tribute and payment to TeamWalk for CancerCare.

☐ **Artwork** Please email your tribute ad to andrea.jackson@lowellgeneral.org as a print-ready PDF file (logos may be sent in PDF or EPS formats).

☐ **Message** Please print a personal message based on your chosen ad size:

We reserve the right to edit any tribute message that extends beyond the publication's size/word count.

☐ Check (payable to TeamWalk for CancerCare)

☐ Credit Card (circle): Visa    MasterCard    Discover    AMEX

Card number

Name on card

Signature

Expiration  Phone

Please mail completed form with payment to:  
Lowell General Hospital c/o Philanthropy Office  
295 Varnum Avenue  
Lowell MA 01854-2193

The deadline for submission is April 25, 2017.

Please complete both sides of this form.

TeamWalk for CancerCare 2017

SPONSORSHIP FORM

SPONSOR NAME		MAILING ADDRESS		EMAIL	AMOUNT
1	Jane Sponsor	295 Varnum Ave, Lowell, MA 01854		jsponsor@provider.com	\$25.00
2					
3					
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Registration Fee    Register online by April 25 to get your name listed in the Tribute Book and receive a TeamWalk Gift (paid online registrants only).					\$25.00
GRAND TOTAL:					

Registration fee is waived for walkers under age 18. Make checks payable to TeamWalk for CancerCare. Please collect all donations prior to the walk and bring to Lowell General Hospital on May 19 or 20 or to the walk. For more information, visit [www.teamwalk.org](http://www.teamwalk.org)

Name

Address

City  State  Zip

Phone  E-mail

Date of Birth  Male ☐ Female ☐

Team Name  I am a Team Captain ☐ I am a Walker ☐

I am walking in honor/memory of

Signature of Walker

Parent/guardian (if walker is under 18)

**WAIVER:** In consideration of the acceptance of my entry to participate in TeamWalk 2017, I and on behalf of my heirs, executors and assigns, hereby release and hold harmless Lowell General Hospital, its employees, officers, and agents, and all participating sponsors, workers and volunteers from and against any and all liability, loss, expense (including reasonable attorneys fees) or claims for injury or damages arising from my participation therein. I understand the risks associated with this event. I attest that I am physically fit to participate and agree to abide by all the rules for my participation. I further grant permission to Lowell General Hospital and its authorized agents to use my name and any photographs, videotapes, motion pictures, recordings or other record of my participation in this event in any broadcast or account of TeamWalk 2017.