Dear Team Captain,

Thank you for signing up as a Team Captain for *Walk for Hope in Memory of Claire Bartels* to be held on Saturday, April 29, 2006 at Elmhurst College. The Elmhurst College community’s response to the fight against cancer has been incredible the past 10 years raising over $135,000 and still going strong!

You are Team Captain of **Team # _______.** It is important that you inform your team members of this number assignment.

The information we will provide you over the next few months will help you create excitement among your team members. It is crucial that you show them how your team’s efforts help the American Cancer Society’s mission of eliminating cancer through research, education, patient services, and advocacy. As a Team Captain, it is your responsibility to organize a team for *Walk for Hope* and help coordinate your team’s fundraising efforts. Your position also entails: being the ‘go to’ person for all the members of the team and are the liaison between the members and the *Walk for Hope* Steering Committee, attending all Team Captain meetings as well as collecting donations to bring to Bank Nights, and above all else, to build and maintain enthusiasm among your team members!

The monthly Team Captain meetings serve as a valuable resource for information and inspiration and in building excitement for the big event on Saturday, April 29, 2006, in the Mall. Bank Nights are structured at allow you to turn in funds raised before *Walk for Hope* to ensure a safe and secure environment. For Team Captain Meetings and Bank Nights dates please see the *Important Dates and Contact Information* sheet within the packet. If you are unable to attend a meeting, please have one of your team members attend in you absence.

Best wishes on a meaningful and fun *Walk for Hope*!

Lisa Panzarella
Team Captain and Recruitment Chair
Walk for Hope Fact Sheet

What? Walk for Hope celebrates life! Teams up to 10 people take turns walking, running, or strolling around the mall. Walk for Hope will run in conjunction with Spring Fling so a party atmosphere will prevail during the event. Money is raised through pledges that the members of each team secure from individuals, companies, or corporations.

When? Saturday, April 29th, 2006

Where? Elmhurst College Mall

Why? To raise funds to support research, education, and patient services in celebration of cancer survivorship in Illinois.

Who? Teams of individuals representing student organizations, clubs, faculty, and staff. Family member, friends, and members of the community are also encouraged to attend the event.

To Enter All teams are asked to raise $60 per member. Those who turn in their $60 by April 7th will receive a t-shirt and raffle ticket the day of the event.

Contact Please contact Lisa Panzarella if you have any questions.
(630) 516-2056 panzarellal305@elmhurst.edu
Important Dates and Contact Information

Dates and Times:

~ 1st Captain Meeting:
   Tuesday, February 7th at 11:30 a.m. or
   Wednesday, February 8th at 10 p.m.

~ 2nd Captain Meeting:
   Tuesday, March 14th at 11:30 a.m. or
   Wednesday, March 15th at 1 p.m.

~ 3rd Captain Meeting:
   Tuesday, April 4th at 11:30 a.m. or
   Wednesday, April 5th at 10 p.m.

~ Bank Nights:
   March 16th at 4:30 p.m.
   April 7th at 11:00 a.m. - Last day to turn in $ to receive a t-shirt
   April 12th at 5 p.m. or
   April 18th at 10 p.m.
   April 25th at 10 p.m. or
   April 26th at 5 p.m. or
   April 27th at 4:30 p.m.

- All meetings will be held in the Melanchthon Room in the Frick Center unless noted otherwise.

Phone Numbers:
Team Captain & Recruitment Chair:
   Lisa Panzarella
   (630) 516-2056
   panzarellal305@elmhurst.edu

Student Activities Office:
   Ian Crone/Bev McNulty
   (630) 617-3209
   bevm@elmhurst.edu

- If you have any problems with the meeting dates set, please contact Lisa Panzarella and accommodations will be made.
Elmhurst College Walk for Hope
In Memory of Claire Bartels
Team Registration Form

Elmhurst College
April 29th, 2006

To register your team for the 2006 Walk for Hope, please print the information below and mail to:

Lisa Panzarella
Walk for Hope Team Recruitment Chair
Box #1005
Phone: (630) 516-2056

Team Affiliation: (please circle)
Family/Friends  Club/Organization  Athletics  Community  Faculty Alumni

Team Captain Information:

First: ____________________________  Last: ____________________________
Year in School: ______

School Information:
Address: ____________________________  St: ______  Zip: ____________
City: ____________________________  St: ______  Zip: ____________
School Phone #: ____________  Fax: ____________  Cellular #: ____________
E-mail: ____________________________

Home (Summer) Information:
Address: ____________________________  St: ______  Zip: ____________
City: ____________________________  St: ______  Zip: ____________
Home Phone #: ____________
E-mail: ____________________________

*I agree to recruit 10 team members to join me in the fight against cancer. I understand that each of my team members are required to raise a minimum of $60 each to participate. I agree to complete and turn in my roster by the deadline to be determined later. If I am unable to complete my roster I will notify Lisa Panzarella.

Captain’s Signature: ____________________________

Team Registration Fee:
$60.00/Participant

Registration Received on: ____/____/_____
# Walk for Hope Team Roster

**Team Number:**

**Team Name:**

**Team Captain:**

I am aware of the conditions and responsibilities of this activity sponsored by the Walk for Hope committee. I attest that I am voluntarily participating in this activity at my own risk and do not hold Elmhurst College or the Walk for Hope committee responsible for any personal injury or accident incurred while participating in this event.

Please turn in your roster to Lisa Panzarella by: ____________________________

*Each participant must sign this form in order to participate in Walk for Hope. By signing this form the participant is acknowledging he/she has read the above statement.*

## Team Captain Name:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
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<tbody>
<tr>
<td>St: ___</td>
<td>Zip: ___</td>
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<tr>
<td>E-Mail:</td>
<td>Year in School:</td>
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<td>S</td>
<td>M</td>
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**Signature:** _______________________________________________________

## Name 1:

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<tbody>
<tr>
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<td>E-Mail:</td>
<td>Year in School:</td>
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**Signature:** _______________________________________________________

## Name 2:

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**Signature:** _______________________________________________________

## Name 3:

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<td>Year in School:</td>
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**Signature:** _______________________________________________________

## Name 4:

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<td>St: ___</td>
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<td>E-Mail:</td>
<td>Year in School:</td>
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<td>S</td>
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**Signature:** _______________________________________________________

## Note:

- Team members must sign the form in order to participate.
- Participants must acknowledge their awareness of the conditions and responsibilities.
- The form must be submitted to Lisa Panzarella by the specified deadline.
- Each participant must sign the form to confirm they have read the statement.
Name: ________________________________________________________________
Address: _____________________________________________________________
St: _____ Zip: _______ Phone: ________________________________
E-Mail: __________________________ Year in School: _______________________
T-shirt size: (please circle) S M L XL Cancer Survivor?: ____________________
Signature: ____________________________________________________________

Name: ________________________________________________________________
Address: _____________________________________________________________
St: _____ Zip: _______ Phone: ________________________________
E-Mail: __________________________ Year in School: _______________________
T-shirt size: (please circle) S M L XL Cancer Survivor?: ____________________
Signature: ____________________________________________________________

Name: ________________________________________________________________
Address: _____________________________________________________________
St: _____ Zip: _______ Phone: ________________________________
E-Mail: __________________________ Year in School: _______________________
T-shirt size: (please circle) S M L XL Cancer Survivor?: ____________________
Signature: ____________________________________________________________

Name: ________________________________________________________________
Address: _____________________________________________________________
St: _____ Zip: _______ Phone: ________________________________
E-Mail: __________________________ Year in School: _______________________
T-shirt size: (please circle) S M L XL Cancer Survivor?: ____________________
Signature: ____________________________________________________________

Name: ________________________________________________________________
Address: _____________________________________________________________
St: _____ Zip: _______ Phone: ________________________________
E-Mail: __________________________ Year in School: _______________________
T-shirt size: (please circle) S M L XL Cancer Survivor?: ____________________
Signature: ____________________________________________________________
Name: ________________________________________________________________
Address: _____________________________________________________________
St: _______ Zip: _______ Phone: _______ City: ___________________________
E-Mail: ___________________________ Cellular #: _________________________
T-shirt size: (please circle) S M L XL Year in School: ______________________
Cancer Survivor?: ____________________________
Signature: ____________________________________________________________