

100% of proceeds benefit local breast cancer research at Cancer Center of Santa Barbara

Name:	Team Name:				
Address:					
City:		State:	Zip:		
Phone:					
	Please ma	ke checks payable to the Can 8-2116 if you have any quest	cer Center of Santa Barba tions regarding the event o	ra or this form.	
Please print cle	early!			Amount Pledged	Amount Collected
Name					
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			TOTAL (Side 1)		

Please print clearly!	Amount Pledged	Amount Collected
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TOTAL (Side 2)		