



DRIVE AGAINST CANCER

REGISTRATION FORM

CLUB DETAILS

Name of Club _____

Contact Name _____

Position _____

Club Address _____

Postal Address (if different) _____

Daytime Phone _____ Mobile _____ Fax _____

Email _____

Competition Date ____/____/20____

Expected number of participants: _____

Daffodil pins will be provided for each participant and sent prior to your competition date

Please return your registration form via one of the following methods:

MAIL:

Att: Drive Against Cancer
Cancer Council Victoria
615 St Kilda Road
MELBOURNE VIC 3004

FAX:

03 9514 6800

EMAIL:

Special.efforts@cancervic.org.au

For further information or enquiries, please contact 1300 65 65 85.