

Registration Form



Thank you for registering to Take a Break for Cancer!

By raising funds for your local Cancer Services at Frankston and Rosebud Hospitals you are helping to make sure that everyone has access to the best of care, close to home.

Please tell us about you and your event below

Event Date: _____

Host First Name: _____

Host Last Name: _____

Team Name or Organisation: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____

Email: _____

How will you Take a Break for Cancer? I'll be hosting a...

Morning /Afternoon Tea BBQ/Party Trivia

Other _____

Where will you be holding your Take a Break for Cancer event?

Work Home Community Group

Other _____

Fundraising Goal:

\$1000 \$500 \$250 \$100 Other: \$ _____

Are you going to Take a Break for Cancer in honour of someone?

No Yes - Their Name is _____

Do you have a story you'd like to share? You can either tell us about it here or someone from our team can get in touch and you can tell them about it.

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How did you hear about Take a Break for Cancer?

- I received mail I saw a sign at the Hospital I saw it on social media
 From a friend Other _____

You can register your event online at www.takeabreakforcancer.org.au or by sending your completed form to us in the **post** using the reply paid envelope or to the address below

Attn: Peninsula Health

Fundraising
PO Box 52
Frankston VIC 3199

When we receive your registration we'll send you an event pack including a poster and coin collection box to help get you started.

Unable to host an event but still want to support your local cancer services at Frankston and Rosebud Hospitals?

Take a Break for Cancer by making a donation!

It's easy – simply complete the form below and send it back in the enclosed reply paid envelope. Or go online to www.takeabreakforcancer.org.au and click on Donate Now.

- Yes, I want to Take A Break for Cancer so that everyone on the Peninsula has access to the care and support they need, close to home.

Please accept our gift of: \$ _____

- We have enclosed a cheque/money order made payable to Peninsula Health

Please Debit my card: Visa Mastercard AMEX

Card Number:

Expiry Date: / CCV:

Cardholder's Name: _____ Signature: _____