***Cancer Survivors***

***“Celebration of Life”***

***Butterfly Release***

Cancer Survivors, we encourage you to join us in celebrating your life and honoring your battle against cancer by participating in our Paint the Town Pink “Celebration of Life”. Your strength and perseverance is remarkable as well as a testimony to the advancement of our fight against cancer. If you have been diagnosed with cancer, you are **OUR** **SURVIVOR**!

We encourage you to join us for our:

 ***“Celebration*** [***of Life”***](http://www.123rf.com/photo_19012907_butterflies.html)  ***Butterfly Release***

***Saturday*, August 19, 2017**

***9:00a.m*. – 12:00 p.m.**

**Columbus Botanical Garden**

**3603 Weems Road**

**Columbus, GA 31909**

To assure that you receive the most accurate and updated information, please complete the other side of this form or register online at [www.wcgcc.org](http://www.wcgcc.org) **or mail to:**

**West Central Georgia Cancer Coalition**

**Attn: Survivor Committee**

**633 19th St., Suite B, Columbus, GA 31901**

**706-660-0317**

Email: pttpbutterflyrelease@gmail.com

**Survivor Chairpersons- Gloria Weston-Smart**

**Sub Committee Chairperson – Peggy Lambert & Leslie Morris**

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: CELL:

DATE OF BIRTH:

EMAIL ADDRESS:

TYPE OF CANCER:

DATE DIAGNOSED:

I received this form from:

The West Central Georgia Cancer Coalition cares about your privacy and protects how we use your information. Your information will help us better serve your needs and the needs of your community, and we do not sell your information to third parties. For questions about our privacy policy, please visit [www.wcgcc.org](http://www.wcgcc.org/).

 As a participant in our Celebration of Life, for myself, my executor, administrators, and assigns, I do hereby release and discharge the West Central Georgia Cancer Coalition, the event site, their management, their officers, members, sponsors, organizers, or their representatives or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation.

 I give full permission to WCGCC for the use of my name, photograph, and information in this event. I also give my full permission for such first aid is deemed necessary to be provided to me on the premises or prior to transport to a hospital for further treatment.

 Print Name:

 Signature: Date:

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The goal of the Butterfly Release event is to recognize and celebrate those who have journeyed through Cancer! Beautiful butterflies will be released as a memorable and magical way of celebrating Life. Proceeds will support WCGCC “Neighbors helping Neighbors” program.

I would like to pay tribute to a loved one by:

{ } $25.00 minimum donation for a butterfly

{ } other amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print Legibly)

This donation is

In **MEMORY** of:

In **HONOR** of the life of:

In **HONOR of my CAREGIVER**:

**Please send acknowledgement of butterfly donation to:**

**NAME:**

**ADDRESS:**

**CITY:**

**STATE:** **ZIP CODE:**

