



Cascade Lakes Pap Walkathon

Cascade Lakes Clubhouse Poolside
Saturday, January 24, 2026 @ 9 a.m.

STEP UP FOR CANCER RESEARCH Participants' Registration Form

Participant's Name: _____ Pap ID# _____

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Please select shirt size: Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____
(1 t-shirt/participant)

**Registration fee of \$35 per person includes a Cascade Lakes' T-Shirt
(Deadline January 3rd, 2026 to Guarantee a T-Shirt)**

Payment Information: *I have enclosed my check for \$_____*

Please make your check payable to The Pap Corps and drop in box @ house entry or mail to Co-Chairs:

**Laurie Norwick, 5321 Glenville Drive, Boynton Beach, FL: 33437 or
Cindy Shamlian, 5190 Pelican Cove Drive, Boynton Beach, FL 33437**

Participants' Signatures

IMPORTANT – PLEASE READ AND SIGN BELOW

I voluntarily make and grant this Waiver and Assumption of Risk in favor of the Pap Corps, Champions for Cancer Research, together with their affiliates, sponsors, officers, directors, employees, and contract and volunteer staff for the opportunity to use the facilities, equipment and materials, and to participate in the activities, events, and festivities offered in connection with the Pap Walkathon of Cascade Lakes on Saturday, January 24, 2026.

Signature: _____ Date: _____

Signature: _____ Date: _____

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