Cascade Lakes Pap Walkathon

Cascade Lakes Clubhouse Poolside

Saturday, January 30th, 2027 @ 9 a.m.

IMAGINE A WORLD WITHOUT CANCER

Participants' Registration Form

Participant's Name: _____ Pap ID# _____

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Please select shirt size: Small _____ Medium _____ Large _____ X-Large _____ XXL_____

Registration fee of $35 per person includes a Cascade Lakes' Tee-Shirt.

Deadline: January 10th, 2027.

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
Peggy Campbell, 5394 Landon Circle, 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 30, 2027.

Signature: _____ Date: _____

Signature: _____ Date: _____

THE PAPANICOLAOU CORPS FOR CANCER RESEARCH INC. DBA THE PAP CORPS, CHAMPIONS FOR CANCER RESEARCH, IS A REGISTERED 501(C)(3) ORGANIZATION. A COPY OF THE OFFICAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA STATE CONSUMER SERVICES BY CALLING (800) 435-7352, TOLL FREE WITHIN THE STATE OR VISIT WWW.800HELPFLA.COM REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. REGISTRATION #CH2450.