



To Honor Barbara & Arnie Greenberg
12th Annual Walk-For Cancer-Research
Sunday, February 21, 2027



(Rain or Shine)

8:30 AM - Social Hall

9:00 AM - Walk or Cheer

10:00 AM - Continental Breakfast

Walker 1: _____

Walker 2: _____

Address: _____

Tel #: _____ **Email:** _____

Donation Options

Walkers or Cheerleaders (Includes T-Shirt) \$35 _____

Boosters (Not attending) (Includes T-Shirt) \$35 _____

Name listed on back of shirt \$100 _____

Name in bubble on back of shirt \$300 _____

Name in large bubble on back of shirt \$500 _____

Specify T-Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

CHECK# _____ TOTAL DONATION\$ _____

***Please clearly spell desired name:** _____



Complete registration ONLINE with CREDIT CARD or
Make checks payable to "Pap CORPS" and drop (with waiver form) in
Pap Mailbox at Clubhouse – PLEASE Note WALK on Envelope!

The Papanicolaou Corps for Cancer Research, Inc., DBA The Pap Corps Champions For Cancer Research®, and DBA The Pap Corps, is recognized by the IRS as a non-profit organization, under section 501(c)(3). Our federal tax identification number is 65-0171014. A copy of the Official State Registration and financial information for The Pap Corps Champions for Cancer Research® a Florida-based non-profit corporation (Registration Number CH2450), may be obtained from the Division of Consumer Services by calling toll-free 1-800-HELP-FLA (1-800-435-7352) within the state or by visiting their website HERE. Registration does not imply endorsement, approval, or recommendation by the state.



THE PAP CORPS OF VALENCIA RESERVE WAIVER AND ASSUMPTION OF RISK

I, _____ (“participant”), do hereby waive and release any and all claims of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my aforesaid use and/or participation, as I understand and recognize that there certain risks , dangers and perils connected with such use and/or participation, which I acknowledge have been fully explained to me and which I fully understand, and which I, nevertheless accept, assume and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me. I further agree to use my best judgement in undertaking these activities, use and/or participation and to faithfully adhere to all safety instructions and recommendations, whether oral or written. I certify that I am a competent adult assuming these risks of my own free will (or, as parent or legal guardian on behalf of a minor child), being under no compulsion or duress. The Waiver and Assumption of Risk is effective from and through the entire day of February 21, 2027 and may not be revoked, altered, amended, rescinded or voided without the express written consent of Sponsor.

Signature

Print Name

Date





**HONOR OR REMEMBER FAMILY, FRIENDS,
GRANDCHILDREN AND LOVED ONES WITH OUR LOVELY MULTI-
COLORED 14" RIBBON WITH YARD STAKE TO TAKE HOME**

A \$15 Donation will secure each name on a ribbon

IN MEMORY OF:

NAMES

BY:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IN HONOR OF:

NAMES

BY:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**RIBBONS WILL BE DISPLAYED OUTSIDE THE
CLUBHOUSE ON THE DAY OF THE WALK AND
MAY BE TAKEN HOME AFTER THE EVENT**



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2027 Walk-For-Cancer-Research SPONSORSHIPS

Your Name: _____

NAMES

Amount Collected

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Total _____

**FUNDRAISERS WHO RAISE \$300 OR MORE
WILL BE RECOGNIZED AT THE WALK**



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