



**First Annual
American Cancer Society Cancer Action Network*
Celebrate With Action Cupcake Challenge**

Registration Form:

Baker's Name: _____

Address: _____

Tel/Cell No: _____

Category: Check One

Professional **Culinary Art Student** **Every Day Baker**

Suggested donation: \$10.00 Check or Credit Card (Make check out to ACS CAN)

Card Type: **Visa** **MasterCard** **AmEx**

Card#: □□□□-□□□□-□□□□-□□□□ **Exp. Date:** □□/□□

Name as listed on card: _____

Signature of card holder: _____

Please return form to: **American Cancer Society Cancer Action network**
 Attn: Eileen Silvestri
 One Main St., Suite 300
 Topsham, ME 04086

***Donations to the American Cancer Society Cancer Action Network are not tax deductible.**