



STEPPIN' UP

AGAINST PANCREATIC CANCER

NOVEMBER 2, 2024
MOUNTAIN AMERICA STADIUM



2024 REGISTRATION FORM

REGISTRATION SELECTION

- ☐ Adult - \$40 ☐ Virtual - \$45 ☐ Child (6-12 years) - \$20
- ☐ Pancreatic Cancer Survivor - FREE ☐ Please accept our donation:

REGISTRATION INFORMATION

Full Name :

Team Name :

Phone No : Email : Website:

Full Address : Shirt Size: (Adult sizes)

ADDITIONAL REGISTRATIONS

Full Name : Shirt Size:

Full Name : Shirt Size:

Full Name : Shirt Size:

PAYMENT INFORMATION

- ☐ I have enclosed a check. **Please make checks payable to Seena Magowitz Foundation. PO Box 4119, Arlington, VA 22204
- ☐ Please call for credit card information.
- ☐ I authorize the Seena Magowitz Foundation to charge the credit card below for a one-time transaction.

Credit Card No. : Cardholder :

Security Code: Exp. Date :

☐ VISA ☐ MC ☐ AMEX ☐ PAY ONLINE TOTAL :

Signature :

We appreciate your support and remind you that a portion of your donation is TAX DEDUCTIBLE. The tax ID number for Seena Magowitz Foundation is 20-4751072. Please consult your tax advisor for specific tax deductibility.

Please return the completed form by
October 21, 2024 to ensure receipt of all sponsor benefits.

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