



**100 WOMEN  
100 WAYS  
100 DAYS**

**CHALLENGE!**



## REGISTRATION FORM

Complete and return this form **BEFORE** your activity is scheduled to take place.  
Mail or drop off to: YWCA Princeton, 59 Paul Robeson Pl., Princeton NJ 08540  
OR Email all activity information to Christina at [creynier@ywcaprinceton.org](mailto:creynier@ywcaprinceton.org)

If you are making an individual donation (ie. no activity involved), do not fill in this form.  
Fill out the donation information online at [www.ywcaprinceton.org/100women](http://www.ywcaprinceton.org/100women).

### CONTACT DETAILS

Name: \_\_\_\_\_

Company/Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### ACTIVITY DETAILS

Activity Title: \_\_\_\_\_ Activity Date/Timeframe: \_\_\_\_\_

Activity Description (what are you going to do?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### ASSISTANCE FROM BCRC

I would like BCRC literature and/or displays (ie. brochures, breast self-exam cards, etc.) to give to my activity participants

### ACKNOWLEDGEMENT

***Please read the following carefully and acknowledge your acceptance by signing below:***

I have read the **100 Women, 100 Ways, 100 Days Challenge** Guidelines and agree to abide by them. I understand that the Breast Cancer Resource Center reserves the right to withdraw approval of this fundraising activity should the activity or the organizer/s fail to comply with the Project Guidelines. I release the Breast Cancer Resource Center, the YWCA Princeton, and their staff members from all liability for any injury, loss or damage arising at or from the activity I am conducting, whether on or off the YWCA Princeton premises.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_