



Club Childhood Cancer Campaign Chair Registration Form

You have been selected to fill an important position within your Club as the Childhood Cancer Campaign Chair. We want to help make your year as successful as possible for both your Club and our Campaign. We wish to share information with you about CCC throughout the year and keep you updated on the progress of the CCC. Our primary method of sending information is via e-mail. We also invite you to share your thoughts and ideas with us on how to make this necessary program better.

Please fill it out the requested information below and return it by either mailing, faxing e-mailing us. If the Club has co-chairs, each co-chair should provide us with a separate form.

Please print:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Home phone: _____ Home Fax: _____

Work phone: _____ Work Fax: _____

Cell phone: _____ E-mail address: _____

Name of Club: _____

Club #: _____ Year: _____

Send to:
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