



Join Relay For Life of District 88 Youth

Step 1: Join This Relay

Visit www.RelayForLife.org/D88IL and click **Join This Relay** to begin registration. OR call 1-800-227-2345 for additional registration options.

RELAY FOR LIFE OF

District 88 Youth

**SATURDAY,
MARCH 09, 2019**
6 p.m.
[MORE DETAILS ▶](#)

**WILLOWBROOK
HIGH SCHOOL**
1250 S Ardmore Ave
Villa Park, IL
[MAP IT ▶](#)

FOLLOW EVENT
f t
KIYOKO CZECH
kiyoko.czech@acs.org
(630) 932-1141 ▶

[DONATE](#)

[JOIN THIS RELAY](#)

[LUMINARIA](#)

[FIND ANOTHER RELAY ▶](#)

Step 2: Society Account

You must create or log into your Society Account to begin the registration process.

- If you are a NEW participant, you will Create an Account.
- If you are a RETURNING participant, you will log in.

Log In Are you a new participant? [CREATE AN ACCOUNT](#)

Log in with your social account: ?

f Log in

g+ Google

Or, log in with your email or username:

Email or Username:

Password:

[LOG IN](#) [Forgot password?](#)

Need help? Please visit our [FAQ](#) or contact us at 1-877-957-7848.

Step 3: Choose How You Will Participate.

How would you like to participate?

[START A NEW TEAM](#)

[JOIN A TEAM](#)

[JOIN AS AN INDIVIDUAL](#)

If you're a cancer survivor and don't want to start or join a team, you can sign up to [Walk the Survivor Lap](#) and participate in our special events for cancer survivors.

How would you like to pay your registration fee?

[CREDIT CARD](#)

[CASH OR CHECK](#)

Step 4: Complete Registration.

Would you like to kickstart your fundraising by making a donation? (optional)

[\\$50](#)

[\\$100](#)

[\\$200](#)

[OTHER](#)

[NOT RIGHT NOW](#)

What is your relationship to cancer?

[SURVIVOR](#)

[CAREGIVER](#)

[OTHER](#)

[PREFER NOT TO SAY](#)

Please select all that apply.

What's your T-shirt size? (Survivors will be given a free survivor T-shirt. Participants who raise over \$100 will become members of the Hope Club and receive a T-shirt.)

[YS](#)

[YM](#)

[YL](#)

[S](#)

[M](#)

[L](#)

[XL](#)

[XXL](#)

[XXXL](#)

[XXXXL](#)

[XXXXXL](#)

[XXXXXXL](#)

[NO THANKS](#)

Are you under the age of 18?

[YES](#)

[NO](#)

Do you agree to the waiver?

Enter Mailing Address:

Mailing Address:

Mailing Address Line 2: (optional)

Zip Code: City: State:

NEXT

Pay by Credit Card

[Pay with PayPal](#)

MY BILLING ADDRESS IS THE SAME AS MY MAILING ADDRESS

Credit Card Number:

Exp. Month: Exp. Year: CCV:

COMPLETE

[← PREVIOUS](#)

If you have any questions or would prefer to register by phone, please contact your local staff partner or call the American Cancer Society at 1.800.227.2345.