

Scrapbook Weekend Registration:

Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____

Please make checks out to: **American Cancer Society**

\$30.00 per person Paid: _____

I would like to share a table with:

1. _____

2. _____

Please mail this form along with your payment to:

**Jennifer Bueck
c/o Rocky River High School
20951 Detroit Road
Rocky River, Ohio 44116**

Please return this registration by: **February 5, 2010**