

The Harold Leever Regional Cancer Center
SURVIVORS DAY BUTTERFLY RELEASE



Registration Form

Saturday, June 10, 2017 at 10 AM

Name: _____

Address: _____

Phone: _____

Email: _____

Cost per Butterfly: \$10.00 (3 butterflies per person max), Cash or check payable to The Harold Leever Regional Cancer Center

of Butterflies: _____ Total: \$ _____

In memory of _____

In honor of _____

In celebration of _____

Please return this form via email to dparkinson@leevercancercenter.org
or mail to: The Leever Cancer Center, 1075 Chase Parkway,
Waterbury, CT 06708

Thank you!