CCRF CHASING A CURE SWEEPSTAKES ALTERNATIVE METHOD OF ENTRY FORM

1. ENTRANT INFORMATION *Please print clearly.*

Full Legal Name:	**Date of Birth (MM/DD/YYYY):**
Mailing Address:	**Phone Number:**
City:	**Email Address:**
State:	**Zip Code:**

2. REQUIRED HANDWRITTEN ELIGIBILITY STATEMENT

Handwrite the eligibility statement in the space provided:

3. REQUIRED HANDWRITTEN ACKNOWLEDGEMENT

Handwrite the written acknowledgement statement in the space provided:

4. OPTIONAL EMAIL COMMUNICATIONS

[ ] I would like to receive email news and updates from Children's Cancer Research Fund in the future. *You may opt out at any time. (check box to receive)*

Entrant's Initials: _____ **Date Initialed:** _____

5. SIGNATURE & CERTIFICATION

I certify that the information provided is true and accurate.

Entrant's Signature: _____ **Date Signed:** _____

6. E-MAIL INSTRUCTIONS

Please e-mail this completed form to: contact@childrenscancer.org

Receipt Deadline: October 31, 2026 by 3 p.m. CST