



**YOPLAIT "SAVE LIDS TO SAVE LIVES®"
REGISTRATION FORM**

TROOP NUMBER: _____

TROOP LEADER: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

NUMBER OF GIRLS IN TROOP: _____

PLEASE SUBMIT REGISTRATION FORM BY OCTOBER 14TH TO:
EL PASO AFFILIATE OF SUSAN G. KOMEN FOR THE CURE
1700 MURCHISON, SUITE 207, EL PASO, TX, 79902
FAX: 915.533.4464 PHONE: 915.533.4433

**LIDS MUST BE SUBMITTED TO THE KOMEN OFFICE BY WEDNESDAY,
DECEMBER 21st BY 4:00 P.M. TO BE ELIGIBLE FOR PRIZES**