



CC RxExercise Ambassador – 2009-2010 Annual Member Registration Form (Reg. Form #1 of 3)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Sex  M  F Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CHOOSE your GOAL EVENT (MARATHON, or other event, and DESTINATION):

I will be training to (check one):  Run  Walk  Serve as Team Support

Choose a CC Recommended 2009-2010 Great Ambassador Destinations:

- Dublin, Ireland, Dublin Marathon, October 26
 Huntington Beach, CA, Surf City Marathon, 1/2 & 5k, Feb 7 (following Running USA Annual Meeting in San Diego, Jan 31- Feb 3)
 New Orleans Mardi Gras Marathon & Half Marathon, Feb 28
 Hawaii, Big Island Int. Marathon, 1/2 Marathon & 5k, Mar 21
 Lakeland, FL, Race the Lakes 10k/5k, Apr 24 (following RRCA Annual Meeting in Lakeland, FL Apr 22-24)
 Germany's Dusseldorf Marathon & 10k, May 2

Other Event Name & Location of marathon/half-marathon/etc) \_\_\_\_\_

I am a past Charities Challenge or other Charity Team participant:  Yes  No

Other Charity Team Programs (i.e. Team In Training, Joints In Motion, etc.) I've completed: \_\_\_\_\_

The Charities Challenge RxExercise Ambassador Events, by year, which I've participated/completed: \_\_\_\_\_

CHOOSE YOUR Personal Challenging MOTIVATION:

Please identify your top 3 reasons motivating you to join CC with 1 highest, 3 lowest.

\_\_\_\_ To travel to a Great Ambassador Destination event location: \_\_\_\_\_

\_\_\_\_ To be part of a special CC Ambassador Traveling TEAM experience \_\_\_\_\_

\_\_\_\_ To be recognized & supported yourself as a CC Challenged Honored Athlete \_\_\_\_\_

\_\_\_\_ What's your health challenge(s)? \_\_\_\_\_

\_\_\_\_ To take the challenge of completing a significant goal event: \_\_\_\_\_

\_\_\_\_ To support CC Challenged Honored Athlete(s): \_\_\_\_\_

Continue your list of "Honorees" on the reverse side of this page. Your CC Honorees will make more motivationally meaningful your CC Training Team & Travel experience.

(Please complete other side)

\_\_\_ To run/walk/bike in honor of others not on a CC TEAM or CC Member:  
 Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_ To support a special health-related cause with Rx Exercise \_\_\_\_\_  
 \_\_\_ To benefit from experienced coaching &/or achieve athletic goal: \_\_\_\_\_  
 \_\_\_ To lose weight/ improve physical condition; Specific goal: \_\_\_\_\_  
 \_\_\_ To enjoy the camaraderie & motivation of Group CC Training Times  
 \_\_\_ To contribute my help & support to CC's Mission, Programs & Challenge Events  
 \_\_\_ Other motivation(s): \_\_\_\_\_

**CHOOSE Health-Related CAUSE(S) that are of special interest to you**

*In supporting our Charities Challenge's Rx Exercise Mission, especially CC's Challenged Honored Athletes, which health-related cause is most important to you?*

- Arthritis    Cancer (specific type, i.e. Breast or Prostate Cancer) \_\_\_\_\_  
 Diabetes    Heart    Lung & Asthma    Depression & Mental Disorders (specific type, i.e. Alzheimers, etc.) \_\_\_\_\_  
 Neurological Diseases (specific type, i.e. MS or MD) \_\_\_\_\_    Stroke/Brain Injury    Other \_\_\_\_\_

**RECRUITMENT INFORMATION**

How did you learn about the Charities Challenge Rx Exercise Ambassador Program?

- Referred by a friend (Friend's name) \_\_\_\_\_  
 Internet/E-mail (E-mail or web Source) \_\_\_\_\_  
 Race Event Packet (Please specify) \_\_\_\_\_  
 CC Brochure / Flyer (Location) \_\_\_\_\_  
 Newspaper/Media (Name of Newspaper) \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

Approval to list  name  e-address  phone number in CC Directory:  Yes  No

T-shirt Size (Men's/Unisex sizing):  Small  Medium  Large  XL  XXL

Race Singlet Size (Men's or Women's):  Small  Medium  Large  XL  XXL

**Charities Challenge Pro Bono Membership Options**

\_\_\_ I'm applying for a no-fee, pro bono, CC Membership & will fundraise for CC, and/or

\_\_\_ I'm applying for a no-fee, pro bono, CC Membership & willing to be a CC Events Volunteer

**Regular CC Rx Exercise Ambassador Annual Membership Registration & Fee:**

\$150

+ \_\_\_ Additional contribution going toward your CC Ambassador fundraising goal

= \_\_\_ Total    Cash or    Check    I Registered Online via Active.com

Please make your check payable to either Charities Challenge or CC. and return to:

**Charities Challenge, 1516 Sunny Way Ct. Anoka, MN 55303**

Ambassador Member's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature if participant is under age 18