

CHALLENGE

Training Teams

REGISTRATION FORM CHARITIES CHALLENGE

PERSONAL INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Fax: _____

E-mail: _____ Sex: M F Age ____ Birth Date: ____/____/____

Approval to publish name, address and 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

CHOOSE the Health-related CAUSE and/or CHARITY you want to support:

In addition to supporting our Charities Challenge's Mission including our Challenged Honored Athletes, to which additional charitable health-related cause may you want your net fundraising dollars to go to?

Arthritis Cancer (specific type, i.e. Breast or Prostate Cancer) _____

Diabetes Heart Lung & Asthma Mental Disorders & Depression (specific type, i.e. Alzheimers, etc.) _____

Neurological Diseases (specific type, i.e. MS or MD) _____ Stroke Other _____

Do you prefer that your net contributions to the Charity Challenge Partner of your choice go primarily toward?

Current and ongoing Patient/Family services and/or

Research for cures and better treatments/services in the future

Both Current Services and Research

CHOOSE YOUR EVENT (MARATHON or Other event and DESTINATION):

I will be training to (check one): Run Walk Bike Other

Name & Location of marathon/half-marathon/10k/5k/other) _____

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

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

_____ The Charities Challenge or other Charity Team events by year which I've participated/completed: _____

(Please complete other side)

RECRUITMENT INFORMATION

How did you learn about the Charities Challenge programs?

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

CHOOSE YOUR Personal Charities Challenging MOTIVATION:

Please identify the top 3 reasons motivating you to join Charities Challenge with 1 highest, 3 lowest.

And, feel free to continue your list of "Honorees" on the reverse side of this page. If you don't yet have an Honoree, CC will have many Honorees you may choose to honor. Your own Honorees will make more motivationally meaningful your CC experience.

- ___ *To support a CC Honored Athlete(s)*
Do you have anyone (several) in mind? CC Honorees Names _____
- ___ *To be a recognized yourself as a CC Challenged Honored Athlete*
What's your health challenge(s): _____?
- ___ *To run/walk/bike in honor of others not on a CC TEAM:*
Name(s) _____ Relationship _____
- ___ *To support a special charitable cause*
- ___ *To benefit from experienced coaching*
- ___ *To lose weight/ improve physical condition*
- ___ *To be part of a special Training CC TEAM*
- ___ *To travel to a destination event location*
- ___ *The challenge of completing a significant event:* _____
- ___ *Other motivation(s):* _____

Registration Fee: \$150

+ _____ Additional contribution going toward your fundraising goal
= _____ Total Method: Cash Check

Please make your check payable to Charities Challenge or CC.

Participant's
Signature: _____ Date _____

Parent's Signature if participant is under age 18 Date _____