



OFFICIAL CHARITY PARTNER  
**TCS NEW YORK CITY MARATHON**

## 2016 Colon Cancer Challenge Foundation (CCCF)

### TCS NYC Marathon Application

Thank you for your interest in participating in this year's Colon Cancer Challenge Foundation (CCCF) Charity Runner team for the 2016 TCS NYC Marathon.

**Please fax completed application to 914.305.6675 or scan and email to [info@coloncancerchallenge.org](mailto:info@coloncancerchallenge.org) to reserve your spot.**

#### PERSONAL INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Please include my contact info. in a team roster to be distributed amongst the team. \_\_\_\_\_ Y \_\_\_\_\_ N

**CONTRIBUTION AGREEMENT**  
**TCS NYC MARATHON GUARANTEED ENTRY**

**Non-NYRR Member**

\_\_\_\_\_ I would like to secure a guaranteed race entry into the 2016 TCSNYC Marathon with the Colon Cancer Challenge Foundation Charity Runner Team.

- I understand that my program registration and guaranteed entry into the TCS NYC Marathon is based on my ability to meet the minimum fundraising requirement of **\$3000.00 by October 14, 2016.**
- I understand that I am also responsible for my 2016 TCS NYC Marathon registration fee of **\$266.00.**
- **The Registration Fee** will be charged to my credit card upon acceptance to the Colon Cancer Challenge Foundation Charity Runner Team.
- **A Re-Commitment Deposit of \$1500 (50% of the total) is due by August 9, 2016.** If I have not raised this amount by the due date, I will be allowed to personally make up the difference by check or credit card. If I do not raise or pay this amount my 2016 TCSNYC Marathon entry is subject to forfeit.
- I understand that the Foundation has limited spaces available for this event which are awarded based upon the participant's ability to meet the minimum fundraising requirement of **\$3000.00.**
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: NYRR's Online Marathon Training Program, Group Course Exploration runs, Team Race Shirt, Fundraising Page and support and the Annual Team CCCF Annual dinner.
- **AFTER AUGUST 9, 2016 I AM RESPONSIBLE FOR RAISING THE \$3000.00 MINIMUM, EVEN IF I CANCEL FOR ANY REASON, INCLUDING INJURY.**

**CREDIT CARD INFORMATION**

Cardholder's Name \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Amex \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**I have read and understood all of the terms above and agree to participate. By signing I authorize Colon Cancer Challenge Foundation to charge my credit card the full amount of my fundraising obligation in the event I do not fulfill that obligation prior to October 14, 2016.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**CONTRIBUTION AGREEMENT**  
**TCS NYC MARATHON GUARANTEED ENTRY**  
**NYRR Member**

\_\_\_\_\_ I would like to secure a guaranteed race entry into the 2016 TCS NYC Marathon with the Colon Cancer Challenge Foundation Charity Runner Team.

- I understand that my program registration and guaranteed entry into the TCS NYC Marathon is based on my ability to meet the minimum fundraising requirement of **\$3000.00 by October 14, 2016.**
- I understand that I am also responsible for my 2016 TCS NYC Marathon registration fee of **\$227.00.**
- **The Registration Fee** will be charged to my credit card upon acceptance to the Colon Cancer Challenge Foundation Charity Runner Team.
- **A Re-Commitment Deposit of \$1500 (50% of the total) is due by August 9, 2016.** If I have not raised this amount by the due date, I will be allowed to personally make up the difference by check or credit card. If I do not raise or pay this amount my 2016 TCSNYC Marathon entry is subject to forfeit.
- I understand that the Foundation has limited spaces available for this event which are awarded based upon the participant's ability to meet the minimum fundraising requirement of **\$3000.00.**
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: NYRR's Online Marathon Training Program, Group Course Exploration runs, Team Race Shirt, Fundraising Page and support and the Annual Team CCCF Annual dinner.
- **AFTER AUGUST 9, 2016 I AM RESPONSIBLE FOR RAISING THE \$3000.00 MINIMUM, EVEN IF I CANCEL FOR ANY REASON, INCLUDING INJURY.**

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Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**I have read and understood all of the terms above and agree to participate. By signing I authorize Colon Cancer Challenge Foundation to charge my credit card the full amount of my fundraising obligation in the event I do not fulfill that obligation prior to October 14, 2016.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## CONTRIBUTION AGREEMENT

### TCS NYC MARATHON GUARANTEED ENTRY

#### I HAVE AN ENTRY – I WANT TO JOIN THE TEAM!

\_\_\_\_\_ I **have a race entry** into the 2016 TCSNYC Marathon and want to join the Team Colon Cancer Challenge Charity Runner Team.

- I understand that my program registration is based on my ability to meet the minimum fundraising requirement of **\$1500.00 by October 14, 2016.**
- I understand that I am responsible for my Team registration fee of \$50.00. **The Registration Fee** will be charged to my credit card upon acceptance to the Colon Cancer Challenge Foundation Charity Runner Team.
- I understand that I will not receive Guaranteed Entry into the 2016 TCS NYC Marathon.
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: NYRR's Online Marathon Training Program, Group Course Exploration runs, Team Race Shirt, Fundraising Page and support and the Annual Team CCCF Annual dinner.

#### CREDIT CARD INFORMATION

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Credit Card Type \_\_\_\_\_ Amex \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

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\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**