

# Colon Cancer Challenge Foundation (CCCF) United Airlines NYC HALF 2017 Charity Runner Application



Thank you for your interest in participating in this year's Colon Cancer Challenge Foundation (CCCF)  
Charity Runner team for the 2017 United Airlines NYC Half

**Please fax completed application to 914.305.6675 or scan and email to  
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 – United Airlines NYC HALF GUARANTEED ENTRY**

**Non-NYRR Member**

\_\_\_\_\_ I would like to secure a guaranteed race entry into the 2017 United Airlines NYC HALF with the Colon Cancer Challenge Foundation Charity Runner Team.

- I understand that my program registration and guaranteed entry into the 2017 United Airlines NYC HALF is based on my ability to meet a minimum fundraising requirement of **\$1250 by March 3, 2017.**
- I understand that I am responsible for a non-refundable registration fee of **\$245.00** which will be charged to my credit card upon acceptance to the Colon Cancer Challenge Foundation Charity Runner Team. A portion of the registration fee will be applied to the fee required by NYRR for my guaranteed entry and registration for the United Airlines NYC HALF.
- **A Re-Commitment Deposit of \$625 (50% of the total) is due by January 6, 2017.** 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 2017 United Airlines NYC HALF 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 \$1250.**
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: Access to virtual training program (**very limited spots**), Group Course Exploration runs, Team Race Shirt, Fundraising Page and support, and Pre-race team dinner.
- **AFTER January 6, 2017, I AM RESPONSIBLE FOR RAISING THE \$1250.00 MINIMUM, EVEN IF I CANCEL FOR ANY REASON, INCLUDING INJURY.**

I have read and understood all of the terms above and agree to participate:

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

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

**CREDIT CARD INFORMATION**

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

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

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

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

Signature \_\_\_\_\_

\_\_\_\_\_ **By checking this box, you authorize the Colon Cancer Challenge Foundation to charge your credit card in the event that you do not fulfill your fundraising obligation by March 3, 2017.**

**CONTRIBUTION AGREEMENT – UNITED AIRLINES NYC HALF GUARANTEED ENTRY**

**NYRR Member**

\_\_\_\_\_ I would like to secure a guaranteed race entry into the 2017 UNITED AIRLINES NYC Colon Cancer Challenge Foundation Charity Runner Team.

- I understand that my program registration and guaranteed entry into the NYC 1/2 Marathon is based on my ability to meet a minimum fundraising requirement of **\$1250 by March 3, 2017**.
- I understand that I am responsible for a non-refundable registration fee of \$230.00 that will be charged to my credit card upon acceptance to the Colon Cancer Challenge Foundation Charity Runner Team. A portion of the registration fee will be applied to the fee required by NYRR for my guaranteed entry and registration for the United Airlines NYC HALF.
- **A Re-Commitment Deposit of \$625 (50% of the total) is due by January 6, 2017.** 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 2017 UNITED AIRLINES NYC HALF 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 \$1250.**
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: Access to the NYRR personalized virtual training program (*very limited spots*), Race Day Planning, Team Race Shirt, Fundraising Page and support and complimentary registration for TEAM CCC events.
- **AFTER JANUARY 6, 2017, I AM RESPONSIBLE FOR RAISING THE \$1250.00 MINIMUM, EVEN IF I CANCEL FOR ANY REASON, INCLUDING INJURY.**

I have read and understood all of the terms above and agree to participate:

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

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

**CREDIT CARD INFORMATION**

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

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

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

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

Signature \_\_\_\_\_

\_\_\_\_\_ **By checking this box, you authorize the Colon Cancer Challenge Foundation to charge your credit card in the event that you do not fulfill your fundraising obligation by March 3, 2017.**