



OFFICIAL CHARITY PARTNER



2020 Colon Cancer Foundation® (CCF) TCS New York City Marathon Application

Thank you for your interest in participating in this year's Colon Cancer Foundation® (CCF) Charity Runner team for the 2020 TCS New York City Marathon.

Please fax completed application to 914.331.4050 or scan and email to info@coloncancerfoundation.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 2020 TCS New York City Marathon with the Colon Cancer 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 non-refundable fundraising requirement of **\$3000.00 by October 09, 2020.**
- I understand that I am responsible for my 2020 TCS NYC Marathon non-refundable registration fee of **\$345.00 (US Resident) (\$408 Non US Resident).**
- **The Non-refundable Registration Fee** will be charged to my credit card upon acceptance to the Colon Cancer Foundation Charity Runner Team.
- **A Non-refundable Re-Commitment Deposit of \$1500 (50% of the total) is due by August 06, 2020.** 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 2020 TCS New York City 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, Team Technical Shirt, Fundraising Page, support, and an exclusive invitation to the Annual Team CCF dinner.
- **AFTER AUGUST 06, 2020, I AM RESPONSIBLE FOR RAISING THE \$3,000.00 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 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 09, 2020.

Applicant's Signature

Date

CONTRIBUTION AGREEMENT
TCS NYC MARATHON GUARANTEED ENTRY
NYRR Member

_____ I would like to secure a guaranteed race entry into the 2020 TCS New York City Marathon with the Colon Cancer 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 non-refundable fundraising requirement of **\$3000.00 by October 09, 2020.**
- I understand that I am also responsible for my 2020 TCS New York City Marathon non-refundable registration fee of **\$305.00 (US Resident) \$408 (Non US Resident).**
- **The Non-refundable Registration Fee** will be charged to my credit card upon acceptance to the Colon Cancer Foundation® Charity RunnerTeam.
- **A Non-refundable Re-Commitment Deposit of \$1500 (50% of the total) is due by August 06, 2020.** 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 2020 TCS New York City 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, Team Technical Shirt, Fundraising Page support, and an exclusive invitation to the Annual Team CCF dinner.
- **AFTER AUGUST 06, 2020 I AM RESPONSIBLE FOR RAISING THE Non-refundable \$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 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 09, 2020.

Applicant's Signature

Date

CONTRIBUTION AGREEMENT

TCS NYC MARATHON GUARANTEED ENTRY

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

_____ I **already have a guaranteed entry** into the 2020 TCS New York City 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 non-refundable fundraising requirement of **\$1500.00 by October 09, 2020**.
- I understand that I am responsible for my Team registration fee of \$90.00. **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 2020 TCS New York City Marathon.
- In exchange, I will be given access to Team Colon Cancer Challenge program benefits including: NYRR's Online Marathon Training Program, Team Technical Shirt, Fundraising Page and support and an exclusive invitation to the Annual Team CCF dinner.

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 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 09, 2020.

Applicant's Signature

Date