



# RxExercise Ambassador Team Member

## 2017-2018

### Annual 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  1/2 Marathon  5k  other distance  
I will be training to (check one or more):  Run  Walk  Serve as Team Support

#### Choose a CC Recommended Great Ambassador Destination:

- Aug 13 – *Ireland's Dublin Rock 'n' Roll Half Marathon*
- Sept 3 - *Kauai, HI, Kauai Marathon, Half Marathon & 5k*
- Oct 22 - *Washington DC, Marine Corps Marathon & 10k*
- Jan 21, 2018 - *Maui's Oceanfront Marathon, Half Marathon & 5k*
- Other destination event

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: \_\_\_\_\_

#### 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 another page.

**CHOOSE Your RxExercise Ambassador Motivation:**

\_\_\_ To contribute my help & support to CC's Mission, Programs & Challenge Events

\_\_\_ To be recognized as a CC Honored Active Athlete making my own comeback from significant health challenge, injury, or chronic disease \_\_\_\_\_

\_\_\_ To run/walk/bike in honor of others either 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 & Travel

\_\_\_ 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 RxExercise 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 News/Media) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_

**Regular CC RxExercise Ambassador Annual Membership Registration & Fee:**

**\$150**

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

= \_\_\_ Total  Check  I Registered as an RxExercise Ambassador Online via Active.com

Please make your check payable to Charities Challenge and return to:

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

**Charities Challenge Pro Bono RxExercise Ambassador 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

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

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

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

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