



**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 _____

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