



CC Sustaining Member Annual Registration & Renewal Form 2015-2016

(If you plan on participating in CC's group Training Times please also include Physical Activity Readiness - PAR-Q form)

Name: _____ Sex: M F Age ____

Home Address: _____ Birth Date: ___/___/___

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Fax: _____

E-mail(s): _____

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

Race Singlet Size (Men's or Women's): Small Medium Large XL XXL

CHOOSE YOUR Personal Challenging MOTIVATION:

Please identify your top 3 reasons motivating you to join CC with 1 highest, 3 lowest.

___ **To benefit from the assorted exercise-supporting discounts on goods/services**

___ **To enjoy the camaraderie & motivation of Group CC Training Times**

___ **To benefit from certified coaching at a discounted rate & achieve new goals**

___ **To take the challenge of completing a significant goal event:** _____

___ **To be part of a special CC Ambassador Traveling TEAM experience**

___ **To travel to a Great Ambassador Destination event location:** _____

___ **To contribute my help & support to local CC Challenge Events** _____

___ **To support CC Challenged Honored Athlete(s):** _____

Do you have anyone (several) in mind? CC Honorees Names _____

Feel free to continue your list of "Honorees" on the reverse side of this page. If you don't yet have an Honoree, CC will have many Honorees you may choose to honor. Your CC Honorees will make more motivationally meaningful your CC Training Team & Travel experience.

___ **To be recognized & supported yourself as a CC Challenged Honored Athlete**

What's your health challenge(s)? _____

___ **To run/walk/bike in honor of others not on a CC TEAM or CC Member:**

Name(s) _____ Relationship _____

___ **To support a special health-related cause with Rx Exercise** _____

___ **Other motivation(s):** _____

(Please complete other side)

CHOOSE your GOAL EVENT (Mile to Marathon or other event and DESTINATION):

I will be training to: Run Walk Race Walk Bike Triathlon Other

Name & Location of big goal event: (marathon/half-marathon/10k/5k/other) _____

I am a past Charities Challenge or other Charity Team participant: Yes No

Other Charity Team Programs (i.e. Team In Training) I've completed: _____

The Charities Challenge or other Charity Team events, by year, in which I've participated/completed: _____

CHOOSE Health-Related Challenge(s) that are of special interest to you

In supporting our Charities Challenge's RxExercise Mission, especially CC's Challenged Honored Athletes, which health-related challenge 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 programs?

- 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 Newspaper) _____
- Other (Please specify) _____

Charities Challenge Fee Free & Pro- Bono Membership Options

___ I'm applying for a no-fee CC Membership as a CC Race Event Worker (CCREW) Volunteer

___ I'm applying for a no-fee, pro bono, CC "Make A Comeback, Kid"! Membership, and/or:

___ I'm applying for a no-fee CC Membership & willing to fundraise for CC

Regular CC Annual Membership Registration Fee:

\$25

+ ___ Additional Donation (credited to your or others' RxExercise Ambassadorship)

= ___ Total Cash or Check

CC Membership includes year 'round liability insurance-covered group training opportunities in MN; CC shirt; discounts on shoes and training/racing gear; discounted coached training programs; CC Active Partnerships like Road Runners Club of America member benefits & running magazine subscription.

Please make your check payable to either Charities Challenge or CC and return to:

Charities Challenge @ 1516 Sunny Way Ct, Anoka, MN 55303

New Member's Signature: _____ Date _____

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