



TEAM DECLARATION COMMITMENT FORM

Please initial the following:

_____ By signing this form, I am committing to my team fundraising a minimum of \$400. I understand that if myself and my team are unable to raise the \$400 minimum by March 11th, 2015, I am responsible to make my own donation to reach this minimum goal and that my credit card will be charged the difference. I authorize Mama Mare Breast Cancer Foundation to charge my credit card listed below.

****ALL MONIES FUNDRAISED OFFLINE, (i.e. money orders or checks) MUST BE POSTMARKED BY MARCH 1, 2015. Team Captain must obtain money orders or write personal check made out to Mama Mare Breast Cancer Foundation for any cash collected.**

_____ I understand that I need a minimum of 8 members in order to be considered a team for the De-FEET Breast Cancer 5K. If the team minimum of 8 people are not registered in the system by March 11th, 2015, I understand that I am responsible to pay the registration fee for each vacant spot below the team member minimum. (\$25 per person plus website processing fee; i.e. if you only have 6 members registered, you will be responsible to pay for 2 people) ****NOTE: No team members will be added in the system after March 11th, 2015, regardless of vacant spots being paid for.**

_____ I would like to kick-start my fundraising by making a personal donation of \$_____.

****If you make a donation now, do not make one again when you register online to fundraise, unless you plan to make two donations.**

_____ I agree to the terms and conditions of the 'Team Declaration Commitment Form' and agree to email or mail my completed form within 3 business days of my date of registration. Please note a \$1 fee will be processed upon submitting this form for a credit card check.

Credit Card Type: (must be valid through April 2015) ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISC

Credit Card Number: _____ - _____ - _____ - _____ CVV: _____

Exp.: (mm/yy) _____ Name: (as it appears on card) _____

Billing Address: _____

Authorized Signature: (if under 18 years of age, see below) _____

Date: _____

Please print and mail this completed form to: **PO Box 1379, Easton, PA 18044**

****If signing digitally:** By entering my name above, I represent that I am completing this form and I recognize that this is a legal and binding contract. Please attach completed form and email this to:
mamamarefoundation5k@gmail.com

****If participant is under 18 years of age on the date hereof:**

I am the parent or legal guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself.

Name (print): _____ Date: _____

Address: _____ Phone: _____

Relationship: _____ Guardian Signature: _____

Mama Mare Breast Cancer Foundation. • P.O. Box 1379, Easton, PA 18044

Email: mamamarefoundation5K@gmail.com www.mamamare.org