



TEAM COMMITMENT FORM

TEAM CAPTAIN: _____

TEAM NAME: _____

Team Captain, please initial the following and complete the rest of the form:

_____ I am at least 18 years of age. (Team Captains are required to be 18 years or older due to the fundraising requirements)

_____ By signing this form as Team Captain, I am committing to fundraising a minimum of \$400. I understand that if myself and my team are unable to raise the \$400 minimum by March 13th, 2017, I am responsible to make my own donation to reach this minimum goal and that my credit card will be automatically charged the difference. I authorize Mama Mare Breast Cancer Foundation to charge my credit card listed below.

****ALL MONIES FUNDRAISED OFFLINE, (i.e. checks) MUST BE RECEIVED BY MARCH 13th 2017. Team Captain must send a check made out to Mama Mare Breast Cancer Foundation for any cash collected.**

_____ As Team Captain, 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 13th, 2017, 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 will automatically be charged to the credit card for the difference; 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 13, 2017, 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 Commitment Form' and agree to email my completed form within 3 business days of my date of registration as Team Captain. Please note (for new team captains that haven't participated in the past) a \$1 fee will be processed upon submitting this form for a credit card check.

Credit Card Type: (must be valid through May 2017) VISA MASTERCARD AMEX DISC

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

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

Billing Address: _____

Authorized Signature: _____

Date: _____

Please complete form in full and email a copy as an attachment to: **mamamarefoundation5k@gmail.com**
*Please send this form as soon as you register as team captain and set up your team on runsignup.com/mamamare
The deadline to send this form to us is within 3 days of registering for yourself (as team captain) and setting up your team on our 5K website. Thank you!*