

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 18 th , 2020, 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 18th 2020. 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 18 th , 2020, 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; e.g. 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 18, 2020, 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 this '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 2020) □ VISA □ MASTERCARD □ AMEX □ DISC
Credit Card Number:
Credit Card Security Code:
Exp.: (mm/yy) Name: (as it appears on card)
Billing Address:
Authorized Signature:
Date:

Please complete this form in full and email a copy as an attachment to: mammarefoundation5k@gmail.com
Please send this form as soon as you register as team captain and set up your team on runsignup.com/mammare
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!