



Name						
Address						
City			State	Zip		
Phone Number			Email address			
Charity Runn	er Commitme	ent Statement & Waive	<u>er</u>			
I must comm by April 1, 20 between the	it to raising a 20 and the \$5 amount I rais the 2020 Blu	ng this form, I receive e minimum of \$500 for \$ 500 in full by May 8, 20 se and the fundraising I se Cross Broad Street R	Students Run Ph 120 or my credit minimum. Shoul	nilly Style. I agree to card will be charge Id I become injured	o raise at least \$250 ed the difference I or unable to	
XCharity Runner Signature				Date		
Payment Me	<u>thod</u>					
Circle one:	VISA	Mastercard	America	n Express	Discover	
Name on Car	d					
Credit Card #			Expirati	ion Date/	CVV	
REGISTRATIO		e issued for any reason, E TRANSFERRED. You o rred.	• • • •	· -		
x						
Charity Runner Signature				Date		

Return this form to Danny Burke at dburke@studentsrunphilly.org or mail to the address below.

Students Run Philly Style Attn: Danny Burke 1819 JFL Boulevard, Suite 480 Philadelphia, PA 19103