



Welcome to the Team Labrecque: Uniting Against Lung Cancer ING New York City Marathon Charity Program



By becoming a member of Team Labrecque: Uniting Against Lung Cancer, you commit to donate or raise funds of at least \$2500 for Team Labrecque: Uniting Against Lung Cancer, a designated Charity Partner of the ING New York City Marathon 2010. Your credit card information is required as a guarantee against this pledge.

Fundraising Deadlines

September 10, 2010	\$1250
October 15, 2010	\$1250

We require that half of your fundraising commitment (\$1250) be raised by September 10, 2010. Fulfillment of your total \$2,500 contribution is due by October 15, 2010. If you have not submitted the minimum pledge of \$1250 by the close of business on September 10, 2010, your credit card will be charged for the amount of \$1250, less any payments received from your donors by that date. If your donations do not total the full minimum pledge of \$2,500 by October 15, 2010, your credit card will be charged the amount necessary to fulfill that pledge. Any amount charged to your card will be considered a charitable donation and we will send you confirmation of this donation for tax purposes. This deadline is in place to ensure that every runner fulfills his or her fundraising commitment. If funds are not received by the deadline for any reason, you may forfeit the ability to participate in the 2010 ING NYC Marathon.

If you are unable to participate in the marathon due to illness, injury or conflict, you are obligated to raise at least half of the required \$2,500 as set forth in this agreement. Please note that donations will not be refundable if the fundraiser does not participate in the marathon but will count towards next year's fundraising goal (for the 2011 ING New York City Marathon).

Please print and fill out this form to register. (Asterisk* denotes a required field).

First Name* _____
 Last Name* _____
 Date of Birth* (mo/day/year) _____
 Gender* Male Female
 Address* _____
 Address Line 2 _____
 City* _____
 State* _____ Zip* _____
 Daytime Phone* _____
 Email* _____
 Chip Number _____

Enter if you are using your own ChampionChip (numerals only-no dashes!). Non-chip owners will receive a chip with their running number.

NYRRC# _____

Optional – fill out if you want the race to be included in your race history.

Please circle the appropriate shirt size below. Please note that once we have ordered your size, you will be unable to exchange for another size.

Jacket Size* [XS S M L XL] [Men's Women's]
 Shirt Size* [XS S M L XL] [Men's Women's]

Payment Method:
 Mastercard Visa

Credit Card Number* _____
Enter numerals only – no dashes or spaces. Debit cards are not accepted.
 Expiration date* (month/year) _____

Signature: _____

Thank you for your participation!
Please print this form and fax to Uniting Against Lung Cancer at **212 627. 7594** or mail to
Uniting Against Lung Cancer
27 Union Square West, Ste 304,
NY, NY 10003
212 627 5500