



2019 NEW BALANCE FALMOUTH ROAD RACE

SUNDAY, AUGUST 18, 2019

Team IMPACT is an official charity partner of the 2019 New Balance Falmouth Road Race. We are seeking applicants who have a passion for running and a commitment to supporting Team IMPACT's mission of harnessing the power of team to improve the quality of life for children facing life-threatening and chronic illnesses. A qualifying time is not required for participation, but applicants must be able to complete the 7-mile race in 2.5 hours. Funds raised by the Falmouth GoTeam will directly benefit the Team IMPACT program to help expand the organization's outreach and expansion efforts. Runners receiving a guaranteed invitational entry bib from Team IMPACT will be required to raise a minimum of \$1,000 and pay any official race registration fees. Team IMPACT will support each runner's individual fundraising efforts with a CrowdRise fundraising page and publicity through our social media channels.

Send completed applications via email or mail:

goteam@goteamimpact.org

Team IMPACT Attn: Falmouth

500 Victory Rd.

Quincy, MA 02171

Phone: 617-801-0210

I. CONTACT INFORMATION

First Name _____ Last Name _____

Gender _____ Birth Date _____ Age on 8/18/19 (Race Date) _____

Address _____

City _____ State _____ Zip _____

Country _____

Home Phone _____ Cell Phone _____

Preferred Email Address _____

1st Emergency Contact _____ Relation _____

Best phone number for immediate contact _____

2nd Emergency Contact _____ Relation _____

Best phone number for immediate contact _____



II. FUNDRAISING

***For runners receiving a bib:** The Team IMPACT Falmouth Road Race fundraising minimum is \$1,000 per bib. If selected, you agree to raise a minimum of \$1,000 for Team IMPACT with the help of the Team IMPACT name and a personal fundraising page on CrowdRise. Team IMPACT will inform you of the details of registration if your application is accepted.

Have you ever participated in an athletic fundraising event for charity? If yes, for which charity and how much money did your raise? (Please begin with the most recent)

Charity Name _____ Event Type _____ Raised \$ _____

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What will your personal fundraising goal be for Team IMPACT for the 2019 Falmouth Road Race (minimum required is \$1,000)? _____

How many potential donors will you contact? _____

How many times do you anticipate following-up with said potential donors? _____

Are you affiliated with a company that matches charitable donations? If yes, which company? _____

What motivates you?

Please share why you want to run the 2019 Falmouth Road Race for Team IMPACT:



Describe your fundraising plan if you receive one of Team IMPACT's bibs for the 2019 Falmouth Road Race (please be as specific as possible):

III. RUNNING EXPERIENCE

Running Level: _____ *Beginner* _____ *Intermediate* _____ *Advanced*

Current weekly running mileage _____

Typical running pace (minutes per mile) _____

If you have not run this race before, what is the longest distance you have run? _____

Have you ever had an injury that has impacted your ability to run or could impact your training? If yes, indicate the specific injury and date it occurred. (Please begin with the most recent.)

Specific Injury: _____ Date: _____

Specific Injury: _____ Date: _____

Specific Injury: _____ Date: _____

IV. EDUCATION

Post-Grad Institution (if applicable) _____ Class of _____

Graduate Institution (if applicable) _____ Class of _____

Undergraduate Institution (if applicable) _____ Class of _____



V. EMPLOYMENT

Employer _____ Title _____

Work Address _____

City _____ State _____ Zip _____

Country _____

Work Phone _____

Work Email Address _____

How many coworkers do you have (approximately)? _____

Are you comfortable asking your coworkers to donate? _____

Does your company match charitable donations made by its employees? _____

Will your company match any donation made by an employee to your cause? _____

VI. ADDITIONAL INFORMATION

Do you use social media? _____ Facebook _____ Twitter _____ Instagram _____ LinkedIn _____ Other

Do you have a blog? ___ No ___ Yes, here is the web address _____

Team IMPACT will provide each runner with one Team IMPACT branded singlet to wear on race day. Please select your size preference.

Size: _____ XS _____ Small _____ Medium _____ Large _____ XL _____ XXL

VII. CREDIT CARD INFORMATION – The credit card entered below will be used for billing:

Credit Card Company _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address for Card _____

Name on Card _____

Signature of Card Holder _____



VIII. TERMS AND CONDITIONS – Please read the following carefully before signing.

Fundraising Commitment: A minimum fundraising requirement of \$1,000 is required to join the Team IMPACT GO Team. Injury or inability to take part in or complete the race for any reason does not release you from your fundraising commitment.
Cancellation Policy: You may decline your participation within 48 hours of being offered a spot on the team. To decline or cancel, you must contact Team IMPACT at goteam@goteamimpact.org within the required time period.
Matching Gift Policy: Many companies match employee charitable contributions. You can check with your employer to see if your company has this program and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually; therefore, if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before September 18, 2019.
Release Form and Contribution Agreement: In consideration of my accepting this individual entry, I hereby waive and release any and all rights for claims and damages I may have against Team IMPACT, its employees, volunteers, officers, and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and will sufficiently train for competition in this event. I also grant permission for use of my name and or photograph or voice in broadcast, telecast, print, or any other account of this event and agree to waive any compensation for such use.
Information Release: I give Team IMPACT, its designees, agents and assigns, unlimited permission to use, publish and republish in and any form or media, information about me and reproductions of my likeness (photographic or otherwise) and my voice, with or without identification of me by name.
I have read this application and agree to its term and conditions: _____ YES _____ NO

Print Name: _____ **Date:** _____

Signature: _____ **Date:** _____

