LEUKEMIA & LYMPHOMA SOCIETY® | TEAM IN TRAINING®

Fall/Winter 2011 REGISTRATION

Greater San Francisco Bay Area Chapter | Fax: 415.625-1157 or 707.303.4810 | Email: sftntinfo@lls.org
221 Main St. Ste 1650, San Francisco CA 94105 | 555 5th St. Ste. 320, Santa Rosa, CA 95401

First Name _____ Last Name _____ ❑ Female ❑ Male

Street Address _____

City _____ State _____ Zip _____

Email Address _____ ❑ Do not share my contact information with my teammates

Day Phone _____ Eve Phone _____ Mobile _____

Birth Date (mm/dd/yyyy) _____ *Minimum age at Kickoff is 16. Ages 16–17 must obtain medical clearance and have a guardian at workouts.*

Run/Walk/Hike/Tri Shirt (W: 2XS–3XL; M: XS–4XL): _____ Cycle Jersey (W or M, XS–2XL): _____ Tri Wetsuit Ht _____ Wt _____

Employer _____ Title _____ City _____

❑ I am connected to someone with blood cancer ❑ Email me about how I can influence blood cancer legislation ❑ **I would like to form a TNT Corporate Team!**

Event, distance, fundraising minimum and team *You may change your event options any time prior to recommitment.*

LOOK **Alumni minimum:** ❑ I've completed fundraising for a TNT event (subtract $250 from fundraising minimum and fill in last event completed below).

Event	*Distance*	*Training Option*	*Fundraising Minimum*
❑ **Tahoe Rim Trail:** Oct. 1.		❑ Local .. ❑ Flex	❑ $2,400
❑ **Zion National Park:** Oct. 29		❑ Local .. ❑ Flex	❑ $3,700 .... ❑ $3,100 without travel
❑ **Zion/Bryce Grand Adventure:** Oct. 26–30		❑ Local .. ❑ Flex	❑ $5,500 .... ❑ $4,500 without travel
❑ **Marin County Triathlon:** Nov. 5–6	❑ Sprint .... ❑ Olympic	❑ Local	❑ $2,500
❑ **Solvang's Finest Century:** Nov. 12	❑ 100-mi	❑ Local .. ❑ Flex	❑ $2,500
❑ **El Tour de Tucson:** Nov. 19	❑ 109-mi	❑ Local .. ❑ Flex	❑ $3,500 .... ❑ $2,900 without travel

LOOK **Marathon participants choose sport** (❑ Walk ❑ Run ❑ Run/Walk) **and region** (❑ SF/Marin ❑ East Bay ❑ Sonoma/Napa ❑ Solano ❑ Flex)

❑ **Nike Women's Half Marathon:** Oct. 16	❑ Half	❑ Local .. ❑ Flex	❑ $2,400 .... ❑ $1,800 without hotel
❑ **Big Sur Half Marathon:** Nov. 20	❑ Half	❑ Local .. ❑ Flex	❑ $2,500
❑ **Dodge Latin Music Miami Beach Half Marathon:** Dec. 11	❑ Half	❑ Local .. ❑ Flex	❑ $3,900 .... ❑ $2,900 without travel
❑ **Women's Running Magazine Women's Half Marathon:** Nov. 20	❑ Half	❑ Flex	❑ $3,800 .... ❑ $3,300 without travel
❑ **Honolulu Marathon:** Dec. 11	❑ Full	❑ Flex	❑ $4,500 .... ❑ $3,300 without travel
❑ **Walt Disney World Marathon Weekend:** Jan. 7–8	❑ Half* .... ❑ Full*	❑ Flex	❑ $3,800 .... ❑ $3,300 without travel
❑ **Tinker Bell Half Marathon:** Jan. 29	❑ Half	❑ Flex	❑ $3,800 .... ❑ $3,300 without travel

**For Walt Disney Marathon, TNT alumni may choose to run the half marathon on Saturday AND the full marathon on Sunday (Goofy's Race and a Half Challenge).*

How did you hear about TNT? *If you are a returning participant, indicate most recent event completed.*

❑ Brochure in the mail ❑ Postcard ❑ Poster or brochure in a store ❑ Email from TNT ❑ Read an article *Publication:* _____

❑ From a friend *Name:* _____ ❑ Radio *Station:* _____ ❑ Online *Website:* _____

❑ I am a TNT alum *Last event and year completed:* _____ ❑ Other *What other?* _____

Registration fee and volunteer agreement *Registration fee is applied to your minimum. It is nondeductible, nontransferable and nonrefundable.*

❑ **$75** for first time participants (❑ $100 after July 19) • ❑ **$25** for TNT alumni (❑ $50 after July 19) • ❑ **Waived** for TNT Triple Crown and honorees

Method of Payment: ❑ Cash ❑ Check for "LLS" (Check No. _____) ❑ Coupon (Amount and Code: _____)

❑ Credit Card: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] Exp. Date _____ Card Verification Code _____

Billing Name, Address and Zip: ❑ Same as above ❑ Other: _____

As a TNT volunteer supporting The Leukemia & Lymphoma Society and its mission, I hereby agree to train for and participate in the following event and to raise the designated fundraising participation minimum by the event fundraising deadline. I understand that I will be training for and participating in the name of an honored patient, whom I will select or who will be selected for me, and agree to participate in designated LLS volunteer activities at the event site.

Signature _____ Date: _____

For Office Use Only: Date received ..... Mentor assignment ..... Registered via ❑ Phone ❑ IM ❑ Other: .....

Form received by ..... Entered in C360 by ..... ❑ Verified alum ❑ Reg fee applied to minimum