



TEAM TSF - COMMITMENT CONFIRMATION FORM

Event: _____
Location: _____
Date: _____

I would like to become a Turner Syndrome Foundation (TSF) event program participant and I commit to raise funds to help TSF in their important work. I would like TSF to register me for the above race and I understand that TSF has limited spaces available for this event, and that those spaces are awarded based upon a participant's ability to meet the minimum fundraising requirement of \$500 marathon, \$350 half marathon or relay, \$150 mini. I also understand that those funds are vital in supporting TSF's mission. Furthermore, I understand that if this fundraising minimum requirement is not met, I will be personally responsible for meeting this minimum with my credit card being charged the remaining balance two weeks following the event.

Participant

Name: _____ DOB: (/ /) ___ Male ___ Female

Address: _____ City: _____ ST _____ Zip _____
Email: _____ Tele#: _____

I would like to be registered for the :

___ Marathon ___ Half Marathon ___ Relay ___ Mini Marathon ___ Other: _____

Emergency Contact: _____ Relation: _____ Tele: _____

___ I also authorize TSF to charge my credit card for the \$35 registration fee today. The balance of the registration fee will be paid for by Turner Syndrome Foundation and I will receive a FREE Team TSF t-shirt and wristband. This fee will be applied to my fundraising minimum and appear on my personal fundraising page. I agree to promote awareness and support for Team TSF.

___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS

Name: _____

Address: _____

City/State/Zip: _____

Credit Card Number: _____

Card Verification Number: _____ Expiration Date: _____

Signature: _____ Date: _____

WAIVER

I know that participating in the Marathon or other TSF event is a potentially dangerous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Marathon. I assume all risks associated with the Marathon including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release Turner Syndrome Foundation, Inc. from all claims and liabilities of any kind arising out of my participation in the Marathon even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature (Parent Signature): _____ **Date:** _____



TEAM TSF – COMMITMENT CONFIRMATION FORM for

Volunteers & Cheerleaders

Event: _____ DATE: _____

Call to action!

I want to be a part of TEAM TSF as a volunteer for this event. I (have or have not) volunteered with TSF before.

NAME: _____ DOB: (/ /) SEX: M or F

STREET: _____ CITY: _____ ST _____ ZIP _____

TEL# _____ EMAIL: _____

EMERGENCY CONTACT: _____ TEL# _____

CONNECTION TO TURNER SYNDROME: _____

I CAN VOLUNTEER CHEER HOST AN AWARENESS EVENT BAKE SALE FUNDRAISE
 HOST PASTA DINNER OTHER: _____

I WOULD LIKE TO SETUP A TEAM TSF PERSONAL FUNDRAISING PAGE

Optional Order: Select T-shirt Size Adult S, M, L, XL, XXL Youth XS, M, L

T-shirts \$20 each: Qty Size

Checks Payments:

All donations should be made payable to the Turner Syndrome Foundation, Inc. Mailed to: PO Box 726, Holmdel, NJ 07733

Credit Card Payments:

I authorize my credit card to be charged \$ _____ today

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Name: _____

Address: _____

City/State/Zip: _____

Credit Card Number: _____

Card Verification Number: _____ Expiration Date: _____

Signature: _____ Date: _____

WAIVER

I know that participating in this event is a potentially dangerous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Marathon. I

assume all risks associated with the Marathon including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my application, I, for

myself and anyone entitled to act on my behalf, waive and release Turner Syndrome Foundation, Inc. from all claims and liabilities of any kind arising out of my participation in the Marathon even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature (Parent Signature): _____ Date: _____



MAIL OR FAX DONATION FORM

THIS PRINTABLE FORM IS AVAILABLE FOR SPONSORS WANTING TO DONATE OFFLINE. FILL IN YOUR NAME IN THE BLANK SPACE PROVIDED TO MAKE SURE THAT YOUR SPONSOR'S DONATION IS APPLIED TO YOUR ONLINE FUNDRAISING PAGE.

SUPPORT ME AS I PARTICIPATE IN THE Team TSF Turner Awareness Movement

My contribution is sponsoring _____
(Individual or Team TSF Name)

Event City: _____

Sponsor Message: _____

Donation Amount \$ _____

Make Checks Payable to Turner Syndrome Foundation, Inc.

(Please do not staple or tape checks to this form)

Cash ___ Check # _____ Visa ___ Master Card ___ AmExp ___ Discover ___

Credit Card # _____

Expiration Date: ____/____/____ CVV# _____

Signature _____ Date: ____/____/____

Sponsor Name: _____

Address _____

City _____ State _____ Zip _____

Home phone (____) _____ - _____ Work Phone (____) _____ - _____

E-mail _____ @ _____

Corporate Matching Gift: _____

Double your gift! Provide name and address of matching corporate donor.

Mail this form and your check (please do not send cash) to:

**Turner Syndrome Foundation, Inc.
PO Box 726, Holmdel, NJ 07733**

**Send credit card donations by Fax to:
TSF Fax #: 800-594-3862**

Basic inquiries: Telephone 800-594-4585 or Email info@tsfusa.org

Due to the high volume of donations received both in the mail and on the day of the event, please allow 2-3 weeks from the date that the donation is received to post to your account.

Thank you for your kind and generous support!

Turner Syndrome Foundation, Inc. is a 501(c) (3) nonprofit organization EIN 27-1409942