



Team Tailgate – 2010 Race Registration Agreement

Date _____

Team Name _____ Team Captain: _____

Address _____

City, State, Zip Code _____ Phone (mobile) _____

Phone (alternate) _____ Fax _____

Email _____ Phone _____

Credit Card Number _____ Vcode _____

Expiration Date _____ Name on Card _____
If different than above

Total Zones Requested: _____

**\$150.00 per zone; each zone can accommodate up to 20 people including ONE team vehicle.

I agree to be invoiced and remit payment no later than July 15, 2010 for the Team Tailgate fee of \$150.00 per zone requested. **I understand that this fee will only be waived if the Team referenced here raises confirmed donations of \$1,500 for each Zone requested no later than July 15, 2010. Partial waivers will be processed at incremental donation levels of \$1,500 / \$3,000 / \$4,500 / etc.**

PLEASE CHECK ONE BOX:

Please accept the above credit card in good faith. It should only be used as payment if the required fundraising levels have not been received by Komen North Texas Affiliate by July 15, 2010.

Or

Please use the credit card for full payment upon receipt of Team Tailgate Reservation.

Signature/Title

Printed Name

Date

Please return via email at race@komennorthtexas.org or via Facsimile at 972-378-4809

The Susan G. Komen for the Cure promise: to save lives and end breast cancer forever by empowering people, ensuring quality of care for all and energizing science to find the cures.