



Name: Street:

2018 Marine Corps 10K*

Team Stop The Clot® Application

*No Federal or Marine Corps endorsement of advertisers or sponsors is implied.

The National Blood Clot Alliance (NBCA) is pleased to announce that we have been selected to participate in the <u>2018 Marine Corps Marathon's Charity Program</u>. Team Stop The Clot® will be running the MCM 10K as a team for the first time on October 28, 2018.

Applications are now being accepted for **Team Stop The Clot**[®]. Each accepted team member will be expected to raise a minimum of \$750. <u>NBCA</u>

<u>will cover your \$50 registration fee. t.</u> We're also pleased to provide Team Stop The Clot® members with special amenities including: A Team Stop The Clot® racing singlet, and fundraising assistance. Additionally, our <u>Team Stop The Clot®</u> <u>Facebook</u> page offers guidance, training tips and camaraderie from past marathoners and endurance athletes.

Please complete the application below and email it to jelkin@stoptheclot.org or fax it to 781.784.5531. Applications will be processed in order of receipt. You will be notified of your acceptance to Team Stop The Clot® within 2 weeks of receipt of your completed application.

| City: | | State: | | Zip: | _ | |
|------------------|--|------------------------------------|------------------------|-------------------------|---|--|
| Phone: (h) | (c) | | _ (w) | | | |
| E-Mail: | | | | | | |
| | | | | | | |
| Employer: | | | | | | |
| | \$350 raised by July 1, 2018 wever, if the minimum is not raised by Octobe in fundraising requirement of \$1000. Runner pa | er 1, 2017 my credit card <u>m</u> | า <u>ลy</u> be charged | I to meet the balance d | | |
| Signature | | | | | | |
| Name on Credit (| Card | | | | | |
| MC, Visa, AMEX | Expira | tion Date | Security Cod | de | | |
| Credit Card # | | | | | | |

2018 Marine Corps Marathon / Team Stop The Clot® Application

| How did you hear about Team Stop The Clot®? |
|---|
| Why do you wish to join Team Stop The Clot®? |
| Do you have a special interest in blood clots or clotting disorders? Will you be running in honor or in memory of someone you know? |
| Have you fundraised for a charity event before? If so, please indicate how much you raised, and describe how you succeeded. |
| Are you involved in your community or with other charitable organizations? |
| What is your personal fundraising goal ? While the minimum fundraising requirement for members of Team Stop The Clot [®] is \$750, additional consideration will be given to runners who are willing to make a more aggressive fundraising commitment. |
| How do you plan to reach your fundraising goal? Please include 3 activities and estimate how much you anticipate raising from those efforts. |
| |
| Does your employer have a Matching Gift Program? If so, do you plan to use matching funds to reach your fundraising minimum or to exceed your fundraising minimum? |
| Do you have prior race experience? Please briefly indicate |
| |
| |
| |