



TEAM IN TRAINING RECOMMITMENT FORM

National Capital Area Chapter, 5845 Richmond Highway, Suite 800, Alexandria, VA 22303

Tel: (703) 399-2910 Fax: (703) 399-2902

Greetings everyone! Enclosed you will find some very important forms necessary to secure your event weekend logistics for America's Most Beautiful Bike Ride. Please read this memo & the forms carefully and make sure that everything is returned by the stated deadlines.

If your forms are late, we cannot guarantee your travel arrangements or your entry into the ride.

ALL FORMS ARE DUE BACK BY NO LATER THAN Friday, March 19, 2010

1. Team In Training Recommitment Form

In order to guarantee your spot on the team and make all necessary event weekend arrangements, it's time to recommit to the Team In Training program.

2. AMBBR Ride Application & Liability Waiver

These forms **must** be received by mail or fax no later than **Friday, March 19, 2010** in order for TNT to secure your AMBBR race entry. Please complete all of the forms being sure to sign where applicable. On page 2 and 3 of the race application, you'll find space to purchase optional event day activities for guests and event apparel. If you are purchasing any of these items, please **make your check out to The Leukemia & Lymphoma Society**. If you want to pay by credit card, please give me a call at 703-399-2910.

3. Airline Travel Form

You may take the pre-arranged group flight or make your own arrangements. No changes can be made to the group flight itinerary, so if you wish to change any leg of the group flight, please make your own flight arrangements. If you have a guest who would like to take the group flight, please call me at 703-399-2910. If you buy your own ticket, you can be reimbursed up to the cost of the team flight (\$400) but you will need to submit a receipt of your purchase showing your name, itinerary, price of ticket, and proof of payment (ex. xxxx xxxx xxxx 1234) by email or mail (**no faxes**) by June 18, 2010.

Please Note: We can only reimburse you for the airfare you purchased. Frequent flyer miles and vouchers are not accepted for reimbursement.

4. Participant Hotel Form

Hotel Information:

Our chapter will be staying at: Forest Suites Resort
One Lake Parkway
South Lake Tahoe, CA 96150
Phone: 1-800-822-5950
Website: <http://www.forestsuites.com/>

Check-In Date: Friday, June 4, 2010
Check-Out Date: Monday, June 7, 2010

Rooming Costs (at TNT Group Rate):

TNT will cover the cost for your half of the hotel room if you are rooming with another TNT participant. If you are requesting a single room or bringing a guest, you will be charged for half of the room rate.

****Total Guest Rooming Cost per person for a 3 night stay (double occupancy): \$187.75**

If you wish to stay in lodging other the team hotel, please make those arrangements on your own. You can be reimbursed up to \$187.75 once we return from Tahoe.

5. Party Ticket Form

Your fundraising includes tickets to the Inspiration Dinner the night before the ride and the Victory Party the night of the ride. Please indicate if you would like tickets and if you will be bringing guests to these events. If you are on the group flight, TNT provides you with ground transportation and can accommodate guests as well for a fee. Please indicate if you and/or your guests would like to use TNT ground transportation to and from the airport. Please also let us know your cell phone number for event weekend and your emergency contact information for event weekend on this form.

6. Guest Charges Form

If you are bringing a guest, requesting a single room, and/or requesting additional Inspiration Dinner/Victory Party Tickets, please return the enclosed Guest Charges Form with your travel forms. Guest charges will be processed May 12, 2010.

Note: Guests must room with a participant in order for TNT to make their hotel arrangements.

If you have any questions or concerns regarding any of these forms, please do not hesitate to contact me at: (703) 399.2910 or rachel.holt@lls.org.

You will receive more specific information regarding Bike Shipping and Event Weekend closer to the event, but please be sure to check your e-mail from me for continued updates, and contact me if you have any questions.

Thank you,
Rachel Holt
Team In Training Cycle Coordinator



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Here is a handy checklist for you to make sure you are sending in all of the right forms!

Before giving Rachel your packet, do you have the following?

- Team In Training Recommitment Form
- AMBBR Ride Application & Liability Waiver
- Airline Travel Form
- Participant Hotel Form
- Party Ticket Form
- Guest Charges Form
- Fundraising Plan



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As you know, when you registered for Team in Training you committed to raise the fundraising minimum for your event. These minimums are set to ensure we keep our program costs low, maintaining our credibility to all of our donors and most importantly, maximizing the funds we are able to invest in research.

Unless you have already reached your fundraising minimum, we ask that you secure your place on the team with a MasterCard, Visa, Discover or American Express credit card number. Your card number will be placed in a confidential file until the charge date of **May 19th, 2010**. If you have not reached your fundraising minimum at that time, we will ask you to donate the difference by charging the balance due on your credit card.

You will have 30 days after your event to continue fundraising, and will be offered a one-time only reimbursement that is paid via check for any additional money that has been raised within the time frame (up to the amount that was charged on the participant's credit card). ****This one-time reimbursement must be requested by the participant before the end of the 30 day period to the TNT staff and cannot be credited back to the card that was charged****

Please understand that we need this kind of assurance to secure travel and other program costs. If you have any questions, call Rachel Holt at (703) 399-2910 or Ben Clausen at (703) 399-2907. We are here to support you in reaching your fundraising and training goals!

PLEASE NOTE: If you drop from the program after Recommitment for any reason other than injury, you are responsible for the \$4,300 participation minimum. If you drop from the program due to injury after travel arrangements have been made you are still responsible for the travel costs incurred by LLS. Under no circumstances will money donated to LLS in your account be used to cover the airfare, hotel fare, race registration fee, and other event weekend activities unless you have reached the event goal of \$4,300 as of May 19, 2010.

THIS FORM MUST BE RETURNED BY: March 19, 2010

Name (Please print): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

YES! I am committed to America's Most Beautiful Bike Ride and my fundraising minimum of \$4,300

Visa MC AMEX DISCOVER

Card Number: _____

Expiration date: _____ 3 or 4 digit Security code: _____

Name as it appears on card: _____

Cardholder's Signature: _____

OR:

I have already met my fundraising minimum of \$4,300

I am unable to recommit to this event and can't continue with Team in Training Reason: _____

Please mail or fax to:

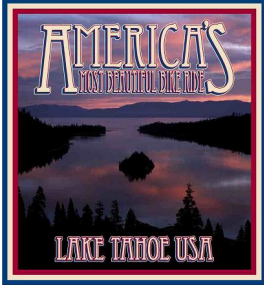
The Leukemia & Lymphoma Society, 5845 Richmond Highway, Suite 800, Alexandria, VA 22303

Fax: (703) 399-2902

For Office Use Only:

Amount: _____ TNT Staff: _____ TNT Director: _____

Processed by: _____ Date: _____



America's Most Beautiful Bike Ride - Lake Tahoe
Sunday, June 6, 2010

One application per person. All fields must be completed. All registrants will be required to sign a liability release form prior to beginning the ride. This application must be received by your chapter office by the registration deadline in order to be entered into the ride.

First Name

Last Name

Address

City

State

Zip Code

Daytime Phone

E-Mail

Age (16 yrs+)

Gender Male Female

Emergency Contact Name

Emergency Contact Phone

Relationship

I am a: Participant Coach
 Assistant Coach Mentor
 Captain Guest Boat Cruise

T-shirt size: S M L XL XXL

100% preshrunk cotton Long Sleeve T-Shirt included with all options below.
If you do not indicate a size, women will receive a "L" and Men will receive "XL"

RIDE OPTIONS – Mark ONE box

Option 1 100-Mile Century Ride

All Ride Participants will receive a Lake Tahoe Welcome Goodie Bag with Commemorative Long Sleeve T-Shirt, Water Bottle, Wrist Band & Ride Patch. Complimentary Bicycle Safety Check at Tahoe Sports Ltd. All Food & Beverage at up to 6 Rest Stops, including Lunch on course. Technical and SAG (transport) Support provided on course and After Ride Pool & Pasta Party with Live Entertainment.

**Paid by
TNT**

Option 2 72-Mile Option

All Ride Participants will receive a Lake Tahoe Welcome Goodie Bag with Commemorative Long Sleeve T-Shirt, Water Bottle, Wrist Band & Ride Patch. Complimentary Bicycle Safety Check at Tahoe Sports Ltd. All Food & Beverage at up to 6 Rest Stops, including Lunch on course. Technical and SAG (transport) Support provided on course and After Ride Pool & Pasta Party with Live Entertainment.

**Paid by
TNT**

Option 3 Boat Cruise & 35-Mile Fun Ride

Boat Cruise & 35 Mile Fun Ride Participants receive all of the above plus Sightseeing Boat Cruise onboard the Tahoe Queen Paddle Wheeler complete with bicycle transport & continental breakfast. **TNT participants only.**

**Additional
\$15 paid
by
participant**

Option 4 Non-Bicycling Boat Cruise for Family Members & Friends

Non-Bicycling Boat Cruise participants receive all of the above plus complimentary shuttle bus transport to and from the Ski Run Marina from the Start-Finish. **Not covered by TNT. This option is for guests only. They must fill out a separate application and waiver.**

\$100

ADDITIONAL OPTIONAL ITEMS – PAYMENT REQUIRED

Additional Long Sleeve T-Shirt for purchase

T-shirt size: S M L XL XXL

\$20 each
(\$25 for
XXL)

Additional After-Ride Pool Party Meal for Guests

\$20 each

Note: These are souvenirs *only*. You will wear your TNT cycle jersey on the day of the ride.

Custom Event Jersey: 100% Vaportech, sublimated graphics, raglan short sleeves, full length zipper, elasticized 3 rear pockets, elasticized waist & sleeves, cadet collar.

- S M L XL XXL

\$75 each
(\$80
for XXL)

\$

Custom Event Windbreaker: Lightweight windproof Microft, sublimated graphics, raglan long sleeves, extra high collar, full length zipper, side mesh lined pockets, elasticized waist & sleeves.

- S M L XL XXL

\$80 each
(\$85
for XXL)

\$

Total amount due

\$

Total amount enclosed

\$

Participant signature _____

Check for additional items should be payable to The Leukemia & Lymphoma Society and mailed to your chapter staff.

LAST NAME: _____ FIRST NAME: _____ BIB NO: _____

Please Print

ACCIDENT WAIVER AND RELEASE OF LIABILITY / America's Most Beautiful Bike Ride

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them or because of the their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, The following entities or persons:

Curtis N. Fong, TGFT Productions LLC, Reno-Tahoe Territory of the Nevada Commission on Tourism, Lake Tahoe Chamber of Commerce, Horizon Casino Resort, Tahoe Sports Ltd, Powerbar/PowerGel, CytoSport Inc, Sparkletts Water, KTHO AM 590, Tahoe Daily Tribune/Swift Publishing, K-MTN TV, Aramark-Lake Tahoe Cruises & Events, State of California Dept. of Transportation, Nevada Dept. of Transportation, California Highway Patrol, Nevada Highway Patrol, U.S. Government / United States Forest Service - Tahoe Basin Unit, California Department of State Parks, Homewood Mtn Resort, Tahoe City PUD, Save Mart Super Markets/Truckee, CA- C/O Trestle Mgmt, North Tahoe PUD Parks & Recreation Dept., T.A.R.A., Laine/Spectrum Photography, Barton Health Services, Cal Star, Douglas Co. Search & Rescue & Washoe Co. NV and (B) their directors, officers, employees, volunteers, representatives, and agents, the event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. **I agree to wear a helmet, ride single file and obey all rules of the road _____ initial.**

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand it's content.

PRINT NAME SIGNATURE DATE

PARENT / LEGAL GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

MINOR NAME AGE DATE

PARENT / LEGAL GUARDIAN SIGNATURE

PRINT PARENT / LEGAL GUARDIAN NAME



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Travel Form

Name (as it appears on your driver's license) _____

Daytime Phone number: () _____

Airfare Arrangements: (Cost of group airfare is \$400.00)

_____ Yes, I would like to travel with the group to Lake Tahoe.

Depart: Friday, June 4, 2010, 7:40 AM
Delta Airlines flight #1681 Washington Dulles airport to Salt Lake City, UT
Arrive Salt Lake City at 10:14 AM

Connect: Friday, June 4, 2010, 11:35 AM
Delta Airlines flight #1543 Salt Lake City, UT to Reno, NV
Arrive Reno at 12:04 AM

Return: Monday, June 7, 2010, 1:15 PM
Delta Airlines flight #2928 Reno, NV to Salt Lake City, UT
Arrive Salt Lake City at 3:37 PM

Connects: Monday, June 7, 2010, 5:06 PM
Delta Airlines flight #1264 Salt Lake City, UT to Washington Dulles airport
Arrive Dulles 11:10 PM

_____ I have made my own airfare arrangements. I understand that The Leukemia & Lymphoma Society will not be reserving a round trip airline ticket on my behalf. As soon as the travel arrangements have been made, I will submit my receipts to LLS and will be reimbursed for my airfare up to \$400.00 after I have reached my fundraising minimum. I will send my receipts to LLS within one month after my return from Lake Tahoe.

Signature: _____ Date: _____



Team In Training Hotel Registration Form

America's Most Beautiful Bike Ride - June 6, 2010

Please print clearly or type this information.
ALL information must be completed in order for your room to be booked.

CHAPTER NAME	National Capital Area	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>
Name _____			
I am a (check one)	<input type="checkbox"/> Cyclist	<input type="checkbox"/> Fundraising Mentor <input type="checkbox"/> Non Fund Mentor	<input type="checkbox"/> Coach <input type="checkbox"/> Staff <input type="checkbox"/> Honored Patient <input type="checkbox"/> Other (Explain) _____

Hotel Name & Address:	Forest Suites Resort One Lake Parkway South Lake Tahoe, CA 96150		
Hotel Phone Number:	800-822-5950	Hotel Room Rate:	\$125.17/night (single/double occupancy)
Chapter Arrival Date:	Friday, June 4th	Chapter Departure Date:	Monday, June 7th

TNT Hotel Information:

<input type="checkbox"/>	I will make my own hotel arrangements and don't need TNT to make hotel reservations for me.		
	My on-site cell phone number is: _____		
	Or I can be reached at the following hotel and/or phone number: _____		
<input type="checkbox"/>	I would like my roommate to be another TNT participant:		_____ (roommate name)
<input type="checkbox"/>	I would like my chapter to assign me a roommate:		_____ (chapter to fill in name)
<input type="checkbox"/>	I would like my own room (for this option your chapter will bill you \$187.75 for 1/2 of the room)		
<input type="checkbox"/>	I will share my room with the guest listed below.		
<input type="checkbox"/>	I will not share my room with anyone.		
Guest sharing my room (\$197.75)	_____	Age (if under 18)	_____
2nd Guest sharing my room (\$207.75)	_____	Age (if under 18)	_____
3rd Guest sharing my room (\$217.75)	_____	Age (if under 18)	_____
Bedding Type: (please choose one)	One Bed _____	Two Beds _____	
Special Room Requests:	_____		
	<small>(We will make every effort to fulfill your request, however it is not guaranteed)</small>		

****Any changes to these guest requests must be filed with Rachel by Friday, April 30th.**

Important Hotel Policies:	
<ul style="list-style-type: none"> ▪ There is a \$10 administrative fee for each guest over 12 years old. ▪ You must provide a credit card at check-in to cover incidental expenses. ▪ All hotel incidental charges (such as phone calls, room service, etc) are the responsibility of the volunteer participant. ▪ TNT will only book reservations for your chapter's designated arrival/departure dates. ▪ TNT will only book 1 room per volunteer participant, staff or coach. ▪ Additional rooms for guests must be reserved on own by calling the hotel directly. ▪ If you require extra nights for yourself or guests, you must make these reservations on your own directly with the hotel. ▪ All rooms are requested as non-smoking rooms, however, we CANNOT guarantee it. 	

Name: _____ Chapter Name: _____

TNT INSPIRATION DINNER

_____ I plan to attend the TNT Inspiration Dinner, which is complimentary for all volunteer participants.
_____ I plan to have _____ guest (s) attend the TNT Inspiration Dinner for \$34 per adult.
_____ I plan to have _____ children (6-12 years) attending the TNT Inspiration Dinner for \$17 per child.
_____ I plan to have _____ children (5 & under) attending the TNT Inspiration Dinner for \$0 per child.
_____ I need a High chair for this child
_____ I do not need a separate seat/high chair for this child, he/she will sit on parent(s) lap
_____ Total number of guest (s). The chapter will bill you for your guests.

TNT VICTORY PARTY

_____ I plan to attend the TNT Victory Party, which is complimentary for all volunteer participants.
_____ I plan to have _____ guest (s) attend the TNT Victory Party for \$36 per adult.
_____ I plan to have _____ children (6-12 years) attend the TNT Victory Party for \$17 per child.
_____ I plan to have _____ children (5 & under) attending the TNT Victory Party for \$0 per child.
_____ I need a High chair for this child
_____ I do not need a separate seat/high chair for this child, he/she will sit on parent(s) lap
_____ Total number of guest (s). The chapter will bill you for your guests.

TNT GROUND TRANSPORTATION

_____ I plan to use ground transportation, which is complimentary for all volunteer participants.
_____ My guest (s) also plan to use the TNT ground transportation. Guest cost TBD.
(If your child can sit on your lap then they are not required to purchase ground transportation)
_____ Total number of guest (s). The chapter will bill you for your guests.

On Site Phone Number

Please provide a cell phone number for use during event weekend in case a staff member needs to contact you:

TNT Finisher's T-Shirt Size

Each participant will receive a cotton, unisex TNT t-shirt. Please provide us with the size you would like:

Event Weekend Emergency Contact

Please provide an emergency contact name and phone number in case of an emergency during event weekend:



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Guest Charges Form

Team In Training is more than happy to make all of your guest arrangements for you! If you are bringing a guest, and they will be taking advantage of our special Team In Training group rates and accommodations, OR, if you requested a single room at our TNT hotel by deciding to “buy out” the other half of your room, please take a moment to fill out this form.

It is important you realize that as a successful Team In Training participant, the Society will cover the costs of the expenses associated with the participant’s event weekend that are outlined in the TNT Binder (i.e. event entry, hotel, ground transportation, pasta & victory parties, etc). However, LLS does NOT cover the costs for your guests; they are responsible to pay for their own expenses. They will be billed on our master account, and we, the National Capital Area Chapter, will charge them on an individual basis.

Participant Name: _____

Day Phone Number: (____) _____ - _____

Event: America’s Most Beautiful Bike Ride

() Person to be charged for all guest expenses: _____

Phone Number: (____) _____ - _____

() I have requested a single room, please charge me \$187.75 to cover half of the room rate.

Credit Card Type (circle one) AMEX Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____

3 or 4 digit Security Code (located on the back of Visa/MC or on front of AMEX): _____

Signature: _____

All charges will be made May 12, 2010

Mail or fax to:

The Leukemia & Lymphoma Society, 5845 Richmond Highway, Suite 800, Alexandria, VA 22303
Fax: (703) 399-2902

For Office Use Only:

DDB Air and Ground: _____ DDB Hotel (including guest fees): _____

DDB Parties (pasta & victory): _____

Total Amount: _____

TNT Staff: _____ TNT Director: _____ Processed by: _____ Date: _____



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YOUR FUNDRAISING PLAN

Please fill out and return upon recommitting to the program.

Name: _____

Event: **America's Most Beautiful Bike Ride**

Daytime Phone: _____

Letter Writing Campaign:

How many people have you sent letters to? _____

How many have responded? _____

What are your plans to solicit new people and/or remind those who have not donated yet?

Special Events:

Are you planning any special event fundraisers? What are they and how much do you project raising?

Corporate Donations:

Do you have any corporate donations coming in? What amount do you expect?