



Presents

PEDAL FOR PATIENTS

To Benefit The Leukemia & Lymphoma Society

The Leukemia & Lymphoma Society, New York City Chapter, 475 Park Avenue South, 8th Floor, NY, NY 10016
Phone: (212) 448-9206, ext. 234 Fax: (212) 448-9215 www.teamintraining.org/nyc

First Name _____ Last Name _____ Birth Date ____/____/____

Address (preferred mailing address) _____

City _____ State _____ Zip _____

Eve Phone _____ Day Phone _____ Mobile _____

Email _____ Fax _____

Employer _____ Position/Title _____

Company Address _____

Sex Male Female T-shirt size S M L XL

EVENT AND REGISTRATION INFORMATION

As a TNT volunteer supporting The Leukemia & Lymphoma Society and its mission, I hereby agree to participate in the Pedal For Patients event on May 9, 2009. I agree to fundraise the designated Fundraising Minimum for myself and/or for my team by approximately one week prior to my event.

- Individual for one session \$1,000 4 hours
 - Individual *Endurance Challenge* \$3,000 12 hours
 - Team for one block \$1,000 4 hours
 - Team for two blocks \$2,000 8 hours
 - Team for three blocks \$3,000 12 hours
 - Team *Endurance Challenge* \$3,000 12 hours
- (*limited to teams of 3)

Please list your team name or organization: _____

Number of Teammates: _____

Please list your team captain: _____

Circle which time block(s) you will participate in:

Morning Block: 8am – 12pm Afternoon Block: 12pm – 4pm Evening Block: 4pm – 8pm

RECRUITMENT INFORMATION

How did you hear about the Team In Training program? Identify primary source only:

- I am a past participant (marathon / century / triathlon: event & year completed) _____
- Referred by a family member, friend or TNT past participant (please name) _____
- Direct Mail Brochure / flyer (location) _____
- Radio (station) _____ Tabling (location) _____
- Magazine Article Magazine Ad (publication) _____ Nike P.F. Chang's
- Newspaper Article Newspaper Ad (publication) _____ PowerBar American Airlines
- Billboard Racing Packet/Flyer _____ Seagate Other

PERSONAL CONNECTION If you have someone in whose honor or memory you wish to train, please indicate below:

NAME _____ IN HONOR OF / IN MEMORY OF (circle one)

If you would like us to send your Honored Teammate (or his/her family) an acknowledgement of your participation, please include recipient's name and address: _____

FOR OFFICE USE ONLY: Mtg _____ WC _____ SC _____ Paid _____ Paycor _____ Reg Mat. _____ FE _____ Mentor _____

VOLUNTEER COMMITMENT AGREEMENT

Pedal For Patients To Benefit The Leukemia & Lymphoma Society, is an indoor cycling event presented by Team In Training. As a participant, you will help LLS generate awareness of The Leukemia & Lymphoma Society and its mission and objectives to attract volunteers for LLS programs and activities, advocate for increased research into cures for blood cancers and educate the public. As a participant for *Pedal For Patients*, you will receive no compensation from LLS. In fact, you will be asked to raise funds for blood cancer research, and patient service programs.

Pedal For Patients is in partnership with The Studio, an indoor cycle studio on East 72nd Street and Lexington Avenue. They will host our spin event for 12 hours from 8am to 8pm. There will be three blocks of four hour sessions. The Morning Block will be from 8am – 12pm. The Afternoon Block will be from 12pm – 4pm. The Evening Block will be from 4pm – 8pm. Each block consists of 4 spin sessions. Each session will be roughly 45 minutes. Each class is led by a certified spin instructor or Team In Training coach.

INDIVIDUAL SPINNING You can choose to participate in the event as an individual. You will have the option to spin in a 4 hour block. You will have a personal fundraising minimum of \$1,000 for that 4 hour block.

Endurance Challenge: You will have access to a spin bike for up to 12 hours to spin against other individuals for prizes. You will have a fundraising minimum of \$3,000. Prizes will be awarded to the top two individuals who put in the most time on the bike. In a case of a tie, the individual with the most fundraising will win.

TEAM SPINNING You can choose to part p  t   in the event as a team. Your team can have up to 6 people. Your team will have a fundraising minimum of \$1,000 for that 4 hour block. You will have the option to spin in one or all 4 hour session. You will have a fundraising minimum of \$1,000 per block.

Endurance Challenge. Your team can have up to 3 people. You will have access to a spin bike for up to 12 hours to spin against other teams for prizes. Your team will have a fundraising minimum of \$3,000. Prizes will be awarded to the top two teams who put in the most time on the bike. In a case of a tie, the team with the most fundraising will win.

How will I reach my fundraising minimum?

It is recommended that as soon as you sign up for the program, you begin to fundraising immediately. Once you have registered yourself or your team, a Team In Training (TNT) representative will contact you with your fundraising guide. You will also have a fundraising website run by DoJiggy.com set up for you or your team by the TNT staff. This site can easily be shared with your network of friends, family, cow-workers, etc. E-mails with support from TNT staff will also be sent weekly to the teams.

When does the fundraising minimum need to be reached?

Your fundraising minimum must be reached by Monday, May 4th in order to participate in our event. Should your fundraising minimum not be met by then, you will have the opportunity to make a personal donation to bring you to your fundraising minimum, or we will give your block to a wait listed team.

Prizes and awards

There will be special prizes for the top fundraising teams and the top individual fundraiser as well as special prizes for winning *Endurance Challenge* participants. A list of prizes will be made available in April.

I have read and understand the above. I hereby commit to participating and fundraising for the Pedal For Patients spin event. I acknowledge that I am participating solely to support the mission of The Leukemia & Lymphoma Society, without any expectation of monetary benefit from my participation. I also acknowledge that as a Pedal For Patients volunteer, I will be engaging in fundraising activities on behalf of and as agent of The Leukemia & Lymphoma Society, and that any funds raised or held pursuant to such activities are the property of The Leukemia & Lymphoma Society. I commit to raising the Fundraising Minimum for Pedal For Patients for which I am registered.

Signature _____

Name _____ Date _____
(please print)