2016-2017 "Fundraising for Registration" Guaranteed Race Entry Commitment & Credit Card Authorization Form

I am committing to raise funds for **TEXAS CHILDREN'S HOSPITAL** for its 2017-2018 Run for a Reason program and to secure a guaranteed race entry for the 2018 Chevron Houston Marathon or Aramco Houston Half Marathon.

After I pay the race registration fee, raise and submit the minimum fundraising amount indicated below, I will be guaranteed a 2018 race registration for (check race below):

Chevron Houston Marathon _____ **Aramco Houston Half Marathon _____**

I understand Texas Children's will provide me with guaranteed race registration information, and I will register for the race no later than December 1, 2017, or my race registration will be forfeited and no refund shall be given. In the event the minimum amount is not raised by **Thursday, January 4, 2018,** I understand that I will be required to pay the remaining balance to reach this minimum goal. I therefore permit Texas Children's Hospital to charge my credit card for the remaining amount to be fundraised.

If I am unable to participate in the 2018 event for any reason, I understand that no refunds will be given, all money raised will remain with the Charity and will not be counted toward a future race entry.

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Chevron Houston Marathon

Minimum fundraising amount for Marathon: **$ 750**
Race registration fee for the Marathon: **$ 135** ***(to be paid by runner when form is submitted)***
Total minimum amount due: **$ 885**

Aramco Houston Half Marathon

Minimum fundraising amount for Half Marathon: **$ 500**
Race registration fee for the Half Marathon: **$ 115** ***(to be paid by runner when form is submitted)***
Total minimum amount due: **$ 615**

Name (as it appears on the card): _____

Credit Card Type: (please circle one): VISA MASTERCARD AMEX DISCOVER

Credit Card Number: _____ Expiration: _____

Billing Address: _____
Street Address City State ZIP

Email Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Signature: _____ Date: _____

Submit form to: runforareason@texaschildrens.org / fax: 832-825-1119 **Questions: 832-824-2685**