



YAG FOUNDATION, INC.
DANCE
MAMMOTHON

Please submit your completed application to info@yagfoundation.org

Y.A.G. FOUNDATION MAMMO-THON PARTICIPANT APPLICATION

PARTICIPANT Information. If entering as a couple, each person will need to complete an application. (Please print clearly)

Name:

Phone:

E-mail:

Current mailing address:

City:

State:

ZIP Code:

Male _____ Female _____

Emergency Contact

Name of a relative not residing with you:

Physical Address:

Phone:

City:

State:

ZIP Code:

Relationship:

WAIVER. In consideration of the acceptance of this entry I hereby, for myself and my heirs, executors, and administrators, waive any and all rights, claims for damages I may have against **YAG FOUNDATION Inc.**, the event organizers, all event sponsors, and all individuals associated with the event. None of the above are responsible for the loss of personal items, or any form of aggravation in connection with event. I understand that I am over 18 years of age and must be in good physical health to participate and do not hold event organizers liable for any problems associated with my physical condition. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

We agree that the Participant Code of Conduct and terms of participation in the YAG MAMMO-THON are important to the safety and well-being of all participants. We agree to abide by these rules and the terms of participation and to conduct ourselves accordingly.

Signatures

Signature of contestant:

Date:

Signature of contestant 2: *(only if for a couple entry):*

Date:



YAG FOUNDATION, INC.

DANCE

MAMMOTH

PLEDGE FORM. Dance the night away with YAG Foundation! Help raise dollars for mammograms and other diagnostic services. Contestants must register online or with a YAG Mammoth representative.

Participant Name Phone Number Email Address

Mailing Address City ST Zip

Please support me at the YAG Foundation Inc. Dance Mammoth which will help to provide mammograms for St. Croix's medically underserved population. My goal is to raise _____ .00, with a minimum requirement to raise \$10.00. There will be a prize for the most monies collected through pledges. Please be sure to include your name and address. YAG will mail all friends a receipt of donation for tax-related purposes. YAGF is a 501(c)3 tax-exempt organization. All donations are 100% tax-deductible.

#	\$5-\$20	First and Last Name	Email or Mailing address	Total Donation
1	\$			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

THANK YOU FOR YOUR SUPPORT. If you have additional sponsors, please attach an additional form. All participants must return a signed pledge sheet and total funds collected by **7:30 PM on May 4, 2019** during registration at the event. Please make checks payable to: YAG Foundation Inc.

Participant's Signature

Total Collected

