



2010 Charity Fitness Challenge

What: The Charity Fitness Challenge, an opportunity for all AAPS employees to increase their fitness level and help charity at the same time! Join a team and commit to exercise for 8 weeks.

When: Registration NOW through April 1st Challenge Runs April 10th - June 4th

How it works: You may register as a team member or a team captain. Each person makes a suggested \$10 donation (minimum donation of \$5), all of which goes to charity. Then you log your exercise minutes for each of the eight weeks of the program. At the end of the program the top teams in each division get to divide up the donated money and give it to the charities (501C3 organizations) of their choice!



For more information contact:



Email: charityfitness@aaps.k12.mi.us



Ann Arbor Public Schools Community Education and Recreation
2010 Charity Fitness Challenge
Registration Form



Ann Arbor Public Schools

Please complete the registration form below. Then return your form with your \$10 (suggested) or \$5 (minimum) donation to: Charity Fitness Challenge, 1515 S. 7th St, Ann Arbor, MI, 48104. Feel free to use school mail. (Please make sure you label your envelope with "Charity Fitness Challenge") or Fax to 734-994-1454 or drop by the office. All registrations must be received in our office by the end of the day on April 1, 2010.

ID#: 3180.401

**PARTICIPANT'S
NAME:** _____

(Last Name)

(First Name)

(Middle)

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: () _____ **BUSINESS PHONE:** () _____

E-MAIL: _____

GENDER: M F **BIRTHDATE:** _____

SCHOOL/DEPARTMENT: _____

NAME OF TEAM CAPTAIN: _____

TEAM NAME: _____

Payment Information: Please Select Payment Method & List \$\$ Amount Enclosed:

Credit Card \$ _____ Check (Make check payable to: AAPSD) \$ _____ Cash \$ _____

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING PAYMENT INFORMATION:

NAME: _____

(Print your name EXACTLY as it appears on the credit card)

VISA MASTERCARD AMEX CARD # _____

EXPIRATION DATE _____ **AMOUNT CHARGED \$** _____

SIGNATURE (REQUIRED) _____

I agree to pay above total amount according to the card issuer's agreement and the Community Education and Recreation Refund/Credit policy as listed in the catalog.