



PLEASE READ CAREFULLY BEFORE SUBMITTING APPLICATION: Due to the limited number of participants allowed into this program, it is important that the applicant clearly understand the guidelines and is committed to the philanthropic agreement set forth by the John Hancock Charity Program. Upon acceptance as part of TEAM RETT, you agree to pay the full B.A.A. registration fee and are committing to raising AT LEAST \$10,000 for TEAM RETT. All funds must be raised and collected by participants by May 1, 2020. If accepted, you will be required to provide a credit card to the Rett Syndrome Association of Massachusetts to cover any remaining balance if you do not reach the \$10,000 minimum. By selecting “I agree” below you agree to the above terms and to provide credit card to charge any remaining balances.

I agree _____

Credit Card

#: _____

Expiration date:

CVV:

Please complete the form and return to Tracy Freeman @
715tracy@gmail.com

Or

Tracy Freeman

127 Richard Road

Stoughton MA, 02072