Application for Wayne County Challenge Committee Membership

(To be submitted on or before November 30th of the year preceding inclusion in the WCC.)

Application is for: (choose one) Race Director\_\_\_\_ Runner\_\_\_\_

 (Complete Section I) (Complete section II)

*Section I - Race Director*

1. Name and location of the race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Proposed date of the race\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Distance of the race\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Beneficiary of the race proceeds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. On a separate sheet, explain the history of your race. Indicate such items as: Why and when this race was founded.

 Number of participants in previous race(s).

 Who are the previous race(s) sponsors?

6. Submit a record of a previous race, indicating the runners names, ages, gender, placings, and times.

7. What support to the WCC, either financially and/or through volunteered labor, will you, as a WCC Committee Member, be willing to contribute? Explain:

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8. Why should your race be a part of the WCC? (i.e. What characteristics of your race would be beneficial to the reputation and/or marketing of the WCC? What is unique about this race? What “challenge” does it add to the series? What can you, as a director add to the WCC? Other reasons? Use a separate sheet of paper if necessary)

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*Section II - Runner*

1. List at least 3 WCC races in which you participated (or will participate) in the current year.

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2. On the back of this page or on a separate sheet, explain why you should be admitted to become a member of the WCC Committee.

I hereby submit this application for membership in the WCC Committee. I have read and understand the WCC Bylaws. If approved for membership, I agree to abide by the Bylaws of the WCC Committee, especially in fulfilling the responsibilities of Committee membership.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Not necessary if submitted by email)

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_