



Climb to Beat Breast Cancer ~ Mount Washington Challenge

CLIMBER APPLICATION FORM

Participant Information

As evidence of my desire to join the Climb to Beat Breast Cancer ~ Mount Washington Challenge, I hereby submit the following climber application. (Please print legibly.)

Name: _____

Address: _____

City, State, Zip code: _____

Day Phone (inc. area code): _____

Evening Phone (inc. area code): _____

Mobile Phone (inc. area code): _____

Fax (inc. area code): _____

Email: _____

Occupation: _____

Age: _____

Emergency Information

In case of emergency, contact:

Name and Relationship: _____

Address: _____

City, State, Zip code: _____

Day Phone (inc. area code): _____

Evening Phone (inc. area code): _____

Mobile Phone (inc. area code): _____

Signature: _____ Date: _____



Climb to Beat Breast Cancer ~ Mount Washington Challenge

APPLICATION QUESTIONS

With your permission, we would like to put a small paragraph and picture of all our climbers on the www.stjohn.org/MountainClimb/ website. Fax this form and your answers to the following questions to 313.343.7597 or mail to: Climb to Beat Breast Cancer ~ Mount Washington Challenge, St. John Providence Health System Foundations, Mack Office Building, Suite 102, 22101 Moross Road, Detroit, Michigan, 48236. Please include a photo of yourself.

Personal philosophy

- 1) What motivated you and what are your expectations or goals for participating in Climb to Beat Breast Cancer ~ Mount Washington Challenge?
- 2) What do you intend to accomplish by climbing Mount Washington?
 - On a personal level
 - On a fundraising level

Your experience with breast cancer

- 3) What effect has this disease had on your life?
- 4) Are you a breast cancer survivor?
 - Please describe your experience with breast cancer (and/or other cancer), including date of diagnosis, if applicable.

Physical experience

- 5) Describe any previous mountaineering/outdoor experience.
- 6) How will you make the time for training sufficiently for Climb to Beat Breast Cancer ~ Mount Washington Challenge?

Fundraising commitment

- 7) How do you plan to help raise funds for the Climb to Beat Breast Cancer ~ Mount Washington Challenge?
- 8) Describe any previous experience you have had with fundraising.

Leadership commitment

- 9) Do you have special skills and talents that you are willing to contribute to Climb to Beat Breast Cancer ~ Mount Washington Challenge (i.e., media, medical, photography, massage)?
- 10) How did you find out about Climb to Beat Breast Cancer ~ Mount Washington Challenge?

Thank you for your application!