

**Join TEAM JOSLIN™**

in support of the



## ***Frequently Asked Questions***

### **How can I “Get Active” for Team Joslin?**

By ***Getting Active for Diabetes*** and joining Team Joslin, you are joining other individuals, as well as teams, participating in existing sporting events, and raising money to benefit Joslin Diabetes Center. Participate in the athletic event of your choice: road races, walks, cycling events, triathlons....your options are endless.

You choose the sporting event, register, and then elect Joslin as your beneficiary....it’s that easy!

### **Why would I want to participate in Team Joslin?**

Participating in sporting events is fun and challenging, and making it also charitable offers rewards beyond the physical and competitive! Your involvement will make a difference in your life and the lives of the millions of people with diabetes.

### **Who benefits from the High Hopes Fund?**

Just about everyone will be touched by diabetes in some way during their lifetime: more than 20 million children and adults in the U.S. have diabetes, and 50 percent of Americans are at risk for developing the disease. But, there’s reason for hope. Joslin Diabetes Center has been the global leader in diabetes research, care and education for more than a century. With a concentrated focus on a single disease under one roof, a synergy develops among researchers, clinicians and educators. This one-of-a-kind framework has an impact on people with diabetes locally, nationally and across the globe. The High Hopes Fund generates key support for Joslin’s multi-dimensional efforts in the battle against a disease that affects all of us.

### **How do I join Team Joslin?**

Let us know which sporting event for which you registered and elected Joslin as the beneficiary of your fundraising efforts, by filling out the enclosed Team Joslin participation form. Upon completion, please return to:

Joslin Diabetes Center  
Development Office  
One Joslin Place  
Boston, MA 02215

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### **When do I start fundraising?**

You should start reaching out to friends, family and co-workers as soon as you register for a sporting event—four to six weeks at least. If you find that it is almost event time and you haven't started fundraising yet—don't panic—ask people to sponsor you and you will be surprised at just how supportive people are!

### **What are some fundraising tips?**

- Establish a fundraising **goal**.
- E-mail your friends, family, co-workers etc... and ask them to sponsor you by a certain date.
- Send out a mailing and include:
  - A personal heart-warming letter telling others why you are supporting Joslin and the mission of conquering diabetes. If there is someone you are honoring or memorializing, include him or her as well.
- Ask local businesses to sponsor you.
- Encourage your supporters to make the most of their donation through their employer's matching gift program. Ask them to check with their human resources department.
- Send thank you notes to your supporters— and send all checks within 30 days following your event to:

Joslin Diabetes Center  
Development Office  
One Joslin Place  
Boston, MA 02215

**Checks should be made payable to “Joslin Diabetes Center”.**  
**A tax acknowledgement will be sent to each sponsor. No cash please.**

### **Are my sponsor's gifts tax deductible?**

Yes, contributions are tax deductible.

### **Does Joslin cover any expenses incurred?**

Joslin is a non-profit organization; therefore it relies on the time, leadership and generosity of its volunteers and sponsors.

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### Where can I find a local sporting event?

[www.nerunner.com](http://www.nerunner.com)

[www.runningnetwork.com](http://www.runningnetwork.com)

[www.runningpage.com](http://www.runningpage.com)

[www.runningonline.com](http://www.runningonline.com)

[www.coolrunning.com](http://www.coolrunning.com)

[www.marathonguide.com](http://www.marathonguide.com)

[www.runnersworld.com](http://www.runnersworld.com)

[www.usatf.org](http://www.usatf.org)

[www.usatriathlon.org](http://www.usatriathlon.org)

[www.trifind.com](http://www.trifind.com)

[www.usat-ne.org](http://www.usat-ne.org)

[www.usacycling.org](http://www.usacycling.org)

### How do I show that I am supporting Joslin?

For participating, you will receive a Team Joslin T-shirt!

**If you want to *Get Active for Diabetes*  
join Team Joslin today!**

To find out more about Joslin Diabetes Center visit [www.joslin.org](http://www.joslin.org) or call 1-888-Joslin-2

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## PARTICIPATION FORM

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name & type of sporting event: \_\_\_\_\_

Date & location of event: \_\_\_\_\_

T-shirt size:            S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Fundraising Goal: \_\_\_\_\_

**Have you participated in a fundraising charity program before?**            Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details:

Charity Name \_\_\_\_\_ Amount raised: \$ \_\_\_\_\_

Event Name \_\_\_\_\_ Year(s) participated \_\_\_\_\_

Please tell us why you would like to run for Joslin Diabetes Center!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release:** *(You must indicate your agreement with the terms and conditions below in order to participate in a sporting event.)*

I assume all risks associated with my participation in this sporting event. I understand that any exercise activity may create physical stress and subsequent harmful effects and that various hazardous conditions may exist at the time of my participation. I, for myself and anyone entitled to act on my behalf, waive and release Joslin Diabetes Center and its affiliates from any liability whatsoever from any and all harm or injury that could result from my participation in this sporting event. I understand that by participating in this sporting event I am raising funds to benefit Joslin Diabetes Center.

I hereby give Joslin Diabetes Center ("Joslin") permission to use, publish, distribute, copyright and publicly display any photographic, video or audio reproductions of my photograph or voice made at or related to the above event.

I also give Joslin permission to use, distribute and publish in any format my name and any information that I have provided in the course of my participation in the above event or my being interviewed, photographed or videotaped. Joslin may also allow any commercial publication or media outlet to use my photograph, video or audio recording.

Participant's signature: \_\_\_\_\_  
(or authorized representative if participant is under 18 years of age)

Date: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN APPLICATION TO:**

Joslin Diabetes Center – Development Department -One Joslin Place Boston, MA 02215

OR Fax: 617-732-2562 OR Email: [joslin.development@joslin.harvard.edu](mailto:joslin.development@joslin.harvard.edu)

**Get Active for Diabetes**

**Stay fit, have fun and help the world's foremost diabetes center.**

**To find out more about Joslin Diabetes Center visit [www.joslin.org](http://www.joslin.org) or call 1-888-Joslin-2**

Check here if you do not wish to receive future mailings from Joslin Diabetes Center.

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Participant's Contact Info.:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

|              | Sponsor's Name | Mailing Address | City, State, Zip | Phone | Gift Amount | Paid Date |
|--------------|----------------|-----------------|------------------|-------|-------------|-----------|
| 1.           |                |                 |                  |       |             |           |
| 2.           |                |                 |                  |       |             |           |
| 3.           |                |                 |                  |       |             |           |
| 4.           |                |                 |                  |       |             |           |
| 5.           |                |                 |                  |       |             |           |
| 6.           |                |                 |                  |       |             |           |
| 7.           |                |                 |                  |       |             |           |
| 8.           |                |                 |                  |       |             |           |
| 9.           |                |                 |                  |       |             |           |
| 10.          |                |                 |                  |       |             |           |
| 11.          |                |                 |                  |       |             |           |
| 12.          |                |                 |                  |       |             |           |
| <b>TOTAL</b> |                |                 |                  |       | _____       |           |

- Please make checks payable to Joslin Diabetes Center.
- Please do not mail cash. If your sponsors give you cash, please write out one check for all cash, and provide the name(s) and address(es) of the donor(s), for gift acknowledgement purposes.
- Encourage your sponsors to inquire about their company's matching gifts program.

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Participant's Contact Info.:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

|              | Sponsor's Name | Mailing Address | City, State, Zip | Phone | Gift Amount | Paid Date |
|--------------|----------------|-----------------|------------------|-------|-------------|-----------|
| 13.          |                |                 |                  |       |             |           |
| 14.          |                |                 |                  |       |             |           |
| 15.          |                |                 |                  |       |             |           |
| 16.          |                |                 |                  |       |             |           |
| 17.          |                |                 |                  |       |             |           |
| 18.          |                |                 |                  |       |             |           |
| 19.          |                |                 |                  |       |             |           |
| 20.          |                |                 |                  |       |             |           |
| 21.          |                |                 |                  |       |             |           |
| 22.          |                |                 |                  |       |             |           |
| 23.          |                |                 |                  |       |             |           |
| 24.          |                |                 |                  |       |             |           |
| <b>TOTAL</b> |                |                 |                  |       | _____       |           |

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_

|              | Sponsor's Name | Mailing Address | City, State, Zip | Phone | Gift Amount | Paid Date |
|--------------|----------------|-----------------|------------------|-------|-------------|-----------|
| 25.          |                |                 |                  |       |             |           |
| 26.          |                |                 |                  |       |             |           |
| 27.          |                |                 |                  |       |             |           |
| 28.          |                |                 |                  |       |             |           |
| 29.          |                |                 |                  |       |             |           |
| 30.          |                |                 |                  |       |             |           |
| 31.          |                |                 |                  |       |             |           |
| 32.          |                |                 |                  |       |             |           |
| 33.          |                |                 |                  |       |             |           |
| 34.          |                |                 |                  |       |             |           |
| 35.          |                |                 |                  |       |             |           |
| 36.          |                |                 |                  |       |             |           |
| <b>TOTAL</b> |                |                 |                  |       | _____       |           |

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Participant's Contact Info.:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

|              | Sponsor's Name | Mailing Address | City, State, Zip | Phone | Gift Amount | Paid Date |
|--------------|----------------|-----------------|------------------|-------|-------------|-----------|
| 37.          |                |                 |                  |       |             |           |
| 38.          |                |                 |                  |       |             |           |
| 39.          |                |                 |                  |       |             |           |
| 40.          |                |                 |                  |       |             |           |
| 41.          |                |                 |                  |       |             |           |
| 42.          |                |                 |                  |       |             |           |
| 43.          |                |                 |                  |       |             |           |
| 44.          |                |                 |                  |       |             |           |
| 45.          |                |                 |                  |       |             |           |
| 46.          |                |                 |                  |       |             |           |
| 47.          |                |                 |                  |       |             |           |
| 48.          |                |                 |                  |       |             |           |
| <b>TOTAL</b> |                |                 |                  |       | _____       |           |

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