



WalkBoston

runBoston

2009 BOSTON MARATHON® CHARITY PROGRAM — RUNBOSTON MARATHON TEAM

All pages of this application must be completed and returned by:
October 26, 2008

Completion of this application does not guarantee you a spot on WalkBoston's runBoston Marathon team. You will be informed by November 14, 2008 if you've been chosen as a member.

Send completed applications to:
WalkBoston
Attention: Elisabeth D'Angelo
45 School Street
Boston, MA 02108
F: 617-367-9285
E: edangelo@walkboston.org

Please print clearly

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Employer: _____ Title: _____

Work address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Fax: _____

Email address: _____

Does your company have a matching gifts program? Yes No

I would like to be contacted at: Home Work

Shirt size: _____ Singlet size: _____

fundraising experience

Have you participated in a marathon/road race charity program before?

Yes No

If yes, what is the most recent charity for whom you raised funds, and how much money did you raise?

Charity Name _____ Amount raised: \$ _____

MAKING OUR COMMUNITIES MORE WALKABLE

Old City Hall | 45 School Street | Boston MA 02108 | T: 617.367.9255 | F: 617.367.9285 | info@walkboston.org | www.walkboston.org



Other charity fundraising programs in which you participated (names and amounts):

1. _____
2. _____
3. _____

What will your fundraising goal be for WalkBoston?

(Minimum required is \$3,000) \$_____

What are your ideas for raising these funds?

Please answer the following questions so that we can get to know you.

Are you affiliated with WalkBoston in any way – member, corporate member, volunteer, staff, relative or friend of someone working at WalkBoston, etc.? Yes No

If yes, how:

If no, how did you learn about WalkBoston?

Have you had any experience with WalkBoston? Yes No

If yes, how and which program?

What other community organizations are you involved with?

Please describe why you would like to run for WalkBoston:



How do you see yourself becoming involved with WalkBoston after the Boston Marathon?

WalkBoston will be holding regular meetings for group training and planning.

Do you foresee any conflicts in attending these meetings? Yes No

If yes, what is the reason? _____

If no, please rate the following monthly meeting times (1= most convenient, 3= least convenient) in the order that would best suit your schedule:

Weekdays____ Weekday evenings____ Weekend mornings____

Running experience

What is the average number of miles per week that you have run during the past 3 months?
_____ miles per week

What has been your longest training run during the past three months?
_____ number of miles

Have you ever participated in the Boston Marathon before? Yes No

If yes, please list the date(s) and time it took you to complete it:

1. _____
2. _____
3. _____

If no, have you ever completed another full marathon (26.2 miles)? Yes No

If yes, when, where, and how long did it take you (list most recent first):

Date	Location	Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If no, what is the longest race that you have completed?

Distance: _____ Location: _____
Date: _____ Time: _____



Are you able to complete a marathon within 6 hours? Yes No

Will you be able to complete a half marathon by December 31, 2008? Yes No

Do you currently belong to a running club? Yes No

If yes, which one? _____

If no, are you able to join a running club with a program to train for the Boston Marathon? Yes No

WALKBOSTON TERMS AND CONDITIONS

for the 2009 Boston Marathon® Charity Program. Please read the following carefully before signing below.

Fundraising Commitment: A minimum of \$3,000 is required to join WalkBoston's runBoston Marathon Team and receive an individual entry for the 2009 Boston Marathon.

All applicants will be charged a non-refundable \$25 application-processing fee. An additional non-refundable deposit of \$100 will be charged to your credit card if you are accepted onto the team. The \$100 will be applied toward your fundraising minimum and holds a Boston Marathon number in your name until December 15, 2008, at which time a minimum of \$500 must be raised, unless prior arrangements have been made.

Valid credit card information must be included with your application to apply for the WalkBoston team. In the event that you do not meet the minimum donation requirement by May 20, 2009, WalkBoston reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made. MasterCard, Visa and American Express are accepted.

Cancellation Policy: You may cancel your participation with the WalkBoston team for the Boston Marathon, waiving your responsibility for the \$3,000 minimum anytime on or before January 2, 2009. To do so you must contact Elisabeth D'Angelo at WalkBoston, in writing, on or before the cancellation date. Your \$100 deposit fee is non-refundable. After January 2, 2009 you are responsible for raising the \$3,000 minimum, even if for any reason, including injury, you are unable to run in the Marathon.

Donations raised and received by our office will not be refunded, even if you cancel before January 2, 2009.

Matching Gifts Policy: Many companies match employees' charitable contributions. You can check with your employer to see if your company has this program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually; therefore, if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before May 20, 2009. If the company's match cycle is past May 20, 2009, the match can not count towards your minimum.

B.A.A. Registration: WalkBoston will inform you of the details of the B.A.A. registration after your application is accepted. The B.A.A. charges a \$200 race application fee that does not count towards your fundraising commitment. This fee will be collected separately at a later date. You should NOT contact the B.A.A. directly to secure your number.



Release Form and Contribution Agreement: In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against WalkBoston, its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and/or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$3,000 for WalkBoston by May 20, 2009. If I have not reached the minimum in sponsorships by that date, I will personally be responsible for the balance owed. I understand that unless I cancel by January 2, 2009, WalkBoston reserves the right to charge the balance I owe to my credit card after May 20, 2009. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of WalkBoston.

In the event of an illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to WalkBoston to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatments rendered to me including but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency:

Name: _____ Relationship: _____

Telephone Number: _____

Allergies to medications: _____

Payment Method:

MasterCard Visa American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____

Address (if different from address on page 1): _____

Signature of Card Holder: _____ Date: _____

Please check here if you do **not** want to receive further information about WalkBoston.