

# Red Sox Foundation

## 2012 Boston Marathon Team Application on Monday April 16, 2012



### CONTACT INFORMATION (ALL INFO REQUIRED)

Name	
Street Address	
City, State, Zip	
Home Phone	
E-Mail Address	
Gender	
Date of Birth	
Cell Phone	

### EMPLOYER INFORMATION

Employer Name	
Job Title	
City, State, Zip	
Work Phone	

## RUNNER INFORMATION (ALL INFO REQUIRED)

I heard about Team Red Sox Foundation from \_\_\_\_\_.

My current running level is:

- Beginner  
 Intermediate  
 Advanced

I have run a marathon before yes or no.

The number of previous Boston Marathons I have run is \_\_\_\_\_.

The number of marathons (anywhere) I have run is \_\_\_\_\_.

My best marathon time/date/location is \_\_\_\_\_.

- I am interested in email tips from Red Sox Trainers, nutritionists and other Red Sox Marathon and condition professionals.

My unisex t-shirt size is:

- X-Small  
 Small  
 Medium  
 Large  
 X-Large  
 XX-Large

## FUNDRAISING INFORMATION

The minimum fundraising requirement for obtaining a Red Sox Foundation 2012 Boston Marathon official entry number is \$3,000. If you drop out of the race for any reasons after signing this agreement, you are still required to raise/pay the minimum fundraising requirement of \$3,000. By signing this agreement, you understand that if you cancel your participation or don't reach the minimum fundraising goal of \$3,000, your credit card will be charged the balance of the fundraising commitment on Tuesday, April 10<sup>th</sup> at 5 PM.

I hereby agree that my personal fundraising goal for Team Red Sox Foundation 2012 is \_\_\_\_\_.

My company does or does not plan to support Team Red Sox Foundation 2012:

- Through a matching gift.  
 Through a corporate sponsorship.  
 My company does not plan on supporting Team Red Sox Foundation.

I will be paying for my \$3,000 fundraising requirement personally and you may charge my card now.

I will be fundraising to support my \$3,000 required commitment and you may now charge my credit card. I also agree to payments on the following schedule:

Date	Funds to be raised or sum up to this amount will be charged to my credit card
By February 13, 2012	\$500
By February 28, 2012	\$1,000
By March 15, 2012	\$1,500
By March 26, 2012	\$2,000
By April 1, 2012	\$2,500
By April 10, 2012	\$3,000 minimum due

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE OF WAIVER

I hereby for myself, heirs, executors and administrator, waive and release any and all rights for claims and damages I may have against the Red Sox Foundation/Boston Red Sox and its employees, directors, volunteers, consultants, officers, supporters 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 and 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 verify that I have my own personal medical insurance and that I fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medication treatment and hospitalization

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CARD INFORMATION

\_\_\_\_ MasterCard      \_\_\_\_ Visa      \_\_\_\_ Discover      \_\_\_\_ American Express

Cardholder's name \_\_\_\_\_

Card number: \_\_\_\_\_

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

\* Please note: All funds must be raised and collected by participant and received by the Red Sox Foundation by Thursday, April 12, 2012. Should you be unable to meet the minimum fundraising goal of \$3,000, you have given the Red Sox Foundation permission to charge the remaining balance to the above credit card. If I am injured while training or for some other reason cannot participate in the 2012 Boston Marathon, I understand that I am still responsible for the minimum \$3,000 payment for my number or if time and rules permits, getting another runner to take my place who agrees to the remaining balance on my fundraising commitment.

By signing this agreement I agree to all these terms.

Applicant's Name (in Print): \_\_\_\_\_

Signature (Required): \_\_\_\_\_

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

Scan and form to Gena Borson by **Friday January 20<sup>th</sup>** at [GBorson@redsox.com](mailto:GBorson@redsox.com) or  
mail to G. Borson, 4 Yawkey Way Boston, MA 02125 or  
faxed to (617) 226-6760.

Please Note: ALL DONATION CHECKS MUST BE WRITTEN DIRECTLY TO THE RED SOX  
FOUNDATION/ BOSTON MARATHON TEAM with note on check of name of runner.