



**New York City Half-Marathon 2012  
ENTRY APPLICATION**

*In support of the Boomer Esiason Foundation*

**Release Form & Contribution Agreement:**

In accepting this entry, I hereby for myself and anyone entitled to act on my behalf, waive and release any and all rights to claim for damages I may have against the Boomer Esiason Foundation (BEF) and sponsors for all injuries suffered by me leading up to or during in the New York City Half-Marathon 2012. I further attest and certify that I am physically fit at present and will sufficiently train for competition in this event, and a licensed medical doctor has verified my physical condition. **As an individual competitor, I agree to collect a minimum of \$1,500 by March 12, 2012.**

The purpose of the Team Boomer New York City Half-Marathon Group is to spread awareness and raise much-needed funds to find a cure for cystic fibrosis, and to support programs that help those with CF live longer, healthier lives.

As a half-marathon participant, I agree to take on this mission and adhere to all fundraising commitments/cancellation policies as follow:

→ **A minimum amount of \$1,500 must be raised and collected by the Boomer Esiason Foundation by March 12, 2012.**

→ **A \$75 Registration Fee will be charged to my credit card upon acceptance to Team Boomer.** This amount will count toward my fundraising minimum.

→ **A Dedication Deposit of \$750 (50% of the total) is due by February 28, 2012.** If I have not raised this amount by the due date, I will be allowed to personally make up the difference by check or credit card. *If I do not raise or pay this amount, my half-marathon entry is subject to forfeit.*

**AFTER FEBRUARY 28, 2012, I AM RESPONSIBLE FOR RAISING THE \$1,500 MINIMUM, EVEN IF I CANCEL FOR ANY REASON, INCLUDING INJURY.**

I have read and understood all of the terms above and agree to participate:

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**Applicant's Signature**

**Date**

**\*\*\* NOTE: DONATIONS RAISED AND RECEIVED BY  
THE BOOMER ESIASON FOUNDATION CANNOT BE REFUNDED \*\*\***

Boomer Esiason Foundation  
483 Tenth Avenue, Suite 300, New York, NY 10018  
phone 646-292-7930 fax 646-292-7945  
www.esiason.org



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NAME (as it appears on your credit card)

CIRCLE ONE:    AMEX       MC       VISA       DISCOVER

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CREDIT CARD #

EXPIRATION DATE (mm/yy)

SECURITY CODE

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BILLING ADDRESS FOR CREDIT CARD

---

CITY

STATE

ZIP

---

PHONE

EMAIL

---

APPLICANT'S SIGNATURE

DATE

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**PERSONAL INFORMATION OF HALF-MARATHON PARTICIPANT**

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

\_\_\_\_\_  
STREET ADDRESS (if different from billing address) APARTMENT/UNIT #

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
GENDER (M/F) SHIRT SIZE / SHORT SIZE (preference) DATE OF BIRTH

\_\_\_\_\_  
OCCUPATION EMPLOYER

\_\_\_\_\_  
EMERGENCY CONTACT NAME EMERGENCY CONTACT PHONE NUMBER

How many half-marathons have you run? \_\_\_\_\_

Have you ever run the New York City Half-Marathon? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What is your predicted time for the 2012 New York City Half-Marathon? \_\_\_Hr \_\_\_ Min \_\_\_Sec

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**PERSONAL STORY**

What sparked your interest to support the Boomer Esiason Foundation and Team Boomer in competing in the 2012 New York City Half-Marathon?

What is your connection to cystic fibrosis?

Do you have previous experience in fundraising? If so, please tell us about it.

How do you plan on doing fundraising?

What is your fundraising goal?

Any other information you would like to share?