



Hamptons Half Marathon 2014 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 the 2014 Hamptons Half-Marathon. 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. **I agree to collect a minimum of \$375 for the Boomer Esiason Foundation by September 15, 2014.**

The purpose of the Team Boomer HAMPTONS 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 participant, I agree to take on this mission and adhere to all fundraising commitments/cancellation policies as follow:

→ **A minimum amount of \$375 must be raised and collected by the Boomer Esiason Foundation by September 15, 2014.**

→ **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 \$188 (50% of the total) is due by August 22, 2014.** 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 2014 HAMPTONS Half Marathon entry is subject to forfeit.*

AFTER August 22, 2014, I AM RESPONSIBLE FOR RAISING THE \$375 MINIMUM, EVEN IF I CANCEL FOR ANY REASON, INCLUDING INJURY.

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

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

CREDIT CARD # EXPIRATION DATE (mm/yy) SECURITY CODE

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 Hamptons Half-Marathon? ____ If yes, when? ____

What is your predicted time for the 2014 HAMPTONS 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 running the 2014 HAMPTONS 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?

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