



OFFICIAL CHARITY PARTNER
TCS
NEW YORK CITY
MARATHON

**APPLICATION TO PARTICIPATE IN THE TCS NYC MARATHON WITH
TEAM BCRF ON NOVEMBER 5, 2017**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Have you ever previously supported BCRF? _____

Have you ever participated in the NYC Marathon: YES: _____ NO: _____

If yes, what charity did you run for? _____

How much money did you raise? _____

Why do you want to run for TEAM BCRF? _____

What is your personal fundraising goal (\$3,000 minimum)? _____

Credit Card (circle one): Visa Mastercard American Express Discover

Name on Card: _____

CC Number: _____

Expiration Date: _____

Security Code: _____

Billing Street Address: _____

City, State, Zip: _____

Billing Phone Number: _____

****Your credit card will not be charged at this time.**



Release and Waiver

If selected to run for TEAM BCRF, I will participate in the TCS NYC Marathon with TEAM BCRF and 100% of the proceeds I raise will be donated to the Breast Cancer Research Foundation® (BCRF). BCRF has the right to publicly announce my participation in the TCS NYC Marathon as a member of TEAM BCRF. I have been notified that BCRF is not liable for any injuries suffered in connection with my participation in this race or training and I hereby waive any rights I, my heirs, or any other person or entity may have for any claims or damages against BCRF. I will raise a minimum of \$3,000 for BCRF, even if I am unable to participate in the TCS NYC Marathon. I understand that if I do not reach the minimum fundraising goal of \$3,000 by 10/30/17, my credit card will be charged the difference between my total as of 10/30/17 and the \$3,000 minimum. Failure to reach this minimum by 10/31/17 will result in my removal from the TCS NYC Marathon. I agree to abide by all rules of the New York Road Runners (www.nyrr.org) relating to my participation in the TCS NYC Marathon and on TEAM BCRF.

By signing the application, I agree that I have read the terms and conditions above.

Participant Signature (no electronic signatures)

Date

Please return the completed form by email to Christine Ward at cward@bcrcure.org. Applications must be received by March 31, 2017 and will be reviewed on a first come first serve basis. The names of selected runners will be announced by April 15, 2017. For additional questions, please call (646) 497-2638 or visit www.bcrfcure.org.