



NYC Marathon 2014 Application

Please fill out the application below in its entirety.

Title (circle one): Mr Ms Miss Mrs Dr

First Name: Last Name:

Date of Birth: Gender:

Address:

City: State: Zip:

Preferred Phone:

Email Address: Twitter Handle:

Employer: Title:

Emergency Contact Name: Relation:

Emergency Contact Phone #:

Affiliation with Boston Children's Hospital (if any):

Runner Option (circle one): Standard Own Entry

Choose "Own Entry" if you have received a waiver from another source or have already registered for the marathon with the NYRR. Otherwise, please choose Standard.

If you've turned in a qualifying time in a marathon approved by the NYRR, please complete the following three fields for one of the qualifying events:

Race Name: Date: Qualifying Time:

Previous Marathon Experience

Have you run a marathon? (circle one) YES NO

If yes, how many? Date of most recent marathon?

How many miles do you run per week?

(continue on next page)

Fundraising Experience:

Have you participated in a charity program before? (circle one) YES NO

If Yes, Charity & Amount Raised? .

Are you a Miles for Miracles Alum? (circle one) YES NO

Number of years running for Boston Children's Hospital?

Amount of money raised last time running for Boston Children's?

Standard runners are responsible for raising a minimum of \$3000. Runners with their own entry into the Boston Marathon are required to raise a minimum of \$1000.

Your fundraising goal for 2014:

Your fundraising plans are:

Patient Partner Program:

The Patient Partner program allows runners to be paired up with a past or current patient from Boston Children's Hospital. Runners and patient partners provide mutual inspiration and motivation for each other. Runners are expected to stay in contact with their patient partner throughout the marathon season. The program is optional and is not part of the team selection process. Would you like a patient partner?

Circle One: YES NO

Additional Questions:

How did you hear about Miles for Miracles Team Boston?

(continue on next page)

Why would you like to run for Miles for Miracles Team Boston? Please describe any inspiring, first-hand experiences you've had with Boston Children's Hospital.

Please describe any medical conditions that need to be taken into consideration if you are selected as a runner.

Please feel free to add any other comments you may have.

If your application is approved, you will receive a singlet for race day. Singlets are sized as follows: Men: S=36-38" chest, M=38-40" chest, L=40-42" chest, XL=42-45" chest, XXL=44-46" chest Women: XS= 30B-32A bust, S=32B-34A bust, M=34A-34C bust, L=34C-36B bust, XL=36C-38B bust, XXL=38C-40B bust.

Circle One: **Women's:** **XS** **S** **M** **L** **XL**
 Men's: **S** **M** **L** **XL** **XXL**

Upon completion, email to Ali Lewinter at run@chtrust.org

Email or call 857-218-3568 with any questions.