



Run to Remember 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):

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?

Your fundraising goal for 2014:

Your fundraising plans are:

(continue on next page)

Additional Questions:

How did you hear about Miles for Miracles?

Why would you like to run for Miles for Miracles Team Run to Remember? 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

Please return form to:
Ali Lewinter
Boston Children's Hospital Trust
401 Park Drive, Suite 602
Boston, MA 02215
run@chtrust.org
fax: 617-355-6530
phone: 857-218-3568