



Central NJ

Brain Tumor Support Group

**CNJBTSG Team Application
Full Marathon/Half Marathon/Half Marathon Relay
Sunday, April 30, 2017**

Note: If you are already entered in the NJ Marathon, complete the CNJBTSG Marathon Application only. Do not mail a check for the entry fee.

CNJBTSG Team **Run the Shore for a Cure** to make a difference by participating in the NJ Marathon Run Sunday, April 30, 2017. Grab your shoes and get ready to run, walk, or cheer as part of this exciting event!

Participants representing the CNJBTSG will receive consistent support in their goals to complete the half marathon, half marathon relay or the full marathon. Each will also be encouraged to show support for the CNJBTSG through raising awareness and fundraising.

Athletes who are part of the CNJBTSG team are required to raise a minimum of:

- Half Marathon Relay - Raise \$400.00. This is a 2 person relay team where each person runs approximately 6.5 miles and agrees to raise \$200 each or \$400 per team.
- Half Marathon - Raise \$300.00
- Marathon - Raise \$500.00

Athletes who are part of the CNJBTSG team are required to finish in the times set by the NJ Marathon:

- Half Marathon Relay - Must finish in 3.25 hours
- Half Marathon - Must finish in 3.25 hours
- Marathon - Must finish in 6.5 hours and be 18 years old

Runners/Walkers may register to run the NJ Marathon w/CNJBTSG Team. All additional materials and benefits will be provided upon receipt of the completed CNJBTSG NJ Marathon application.

Athletes participating as part of CNJBTSG Team will be supported as follows:

- Detailed training programs
- Team camaraderie
- Personal web page for online fundraising
- Official "CNJBTSG" racing singlet
- Downloadable fundraising and media tools

Instructions:

You can choose to register yourself or have the CNJBTSG register you. Contact us at diane.bier@gmail.com

If you want us to register you, mail the application and check to:

The CNJBTSG Team — P.O. Box 221, Martinsville, NJ 08836

Note: If you are already entered in the NJ Marathon Festival and want to join our team, please contact us.

The CNJBTSG was established to help, support, improve brain tumor patients and their families lives. We raise funds for brain tumor research, increase public awareness, and host conferences. Over 300,000 adults and children annually receive a diagnosis of brain cancer, and the mission of the CNJBTSG is to support patients with information that will improve their quality of life in the physical, social, spiritual, and cognitive areas. To find out more about the Central NJ Brain Tumor Support Group, please visit: <http://www.njbt.org/startCNJBTSG.htm>



Central NJ
Brain Tumor Support Group

Entry Form Central NJ Brain Tumor Support Group April 30th • Long Branch, NJ

NO REFUNDS OR TRANSFERS. ONE PARTICIPANT PER FORM. ENTRY FORMS MAY BE PHOTOCOPIED. SANCTIONED BY USA TRACK & FIELD

MARATHON ENTRY FEES

No refunds, transfers, reassignments or selling of registration is permitted. The CNJBTSG will register you for the NJ Marathon Events.

- Half Marathon Relay \$120/Team - 10% discount
- Half Marathon \$105 - 10% discount
- Full Marathon \$125 - 10% discount

Entry Fee Payment

Complete the attached application, mail a check made out to CNJBTSG for your chosen event. You will **not** need to register for the NJ Marathon. The CNJBTSG will register you. Mail the application and check to:

The CNJBTSG Team -- P.O. Box 221, Martinsville, NJ 08836

Fund Raising

By signing this agreement, you agree to the minimum fundraising amounts. If you have not reached your fund raising commitment 30 days after the NJ Marathon Event, your credit card will be charged the difference between what you raised and the fund raising commitment.

- Half Marathon Relay \$400/team
- Half Marathon \$300
- Full Marathon \$500

PAYMENT BY CREDIT CARD

Account Number

Expiration Date - check one: () Visa () MC () AMEX () DISCOVER

Security Code

X _____
SIGNATURE OF CARDHOLDER

WAIVER & RELEASE FROM LIABILITY

I hereby release and discharge the Central NJ Brain Tumor Support Group and/or its agents, employees, representatives, officers, associates or affiliates, hereinafter referred to as the "released parties", from and against any and all claims, demands, actions, damages, losses, costs, expenses and liabilities arising out of or in connection with my participation in any CNJBTSG events and activities in 2017. I further agree that I will not sue or make claim against any of the released parties for damage or other losses sustained as a result of my participation in with the CNJBTSG. I understand that participating in this running event is a physically demanding activity, and I am in good health and prepared to take on the challenge of a half marathon, half marathon relay, or a full marathon. Please contact your physician before beginning any new exercise regimen.

X _____
SIGNATURE OF PARTICIPANT DATE

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN (if participant is under 18 years of age) DATE

WAIVER MUST BE SIGNED

WHEELCHAIR PARTICIPANTS:

PUSHRIM HANDCRANK MOTORIZED ASSISTED

Half Marathon Event Only

Partner _____

Team Name _____

Note: Above pricing is NJ Marathon Feb pricing. Jan would be lower.

FIRST NAME LAST NAME

GENDER M F BIRTHDAY MO DAY YEAR ACTUAL/ESTIMATED FINISH TIME HR MINS

(MUST BE 18 FOR THE MARATHON ON RACE DAY)

EMAIL

DAYTIME PHONE T-SHIRT SIZE XS S M L XL XXL NAME ON BIB (10 letter max, only if registered by 04/01/13)

STREET ADDRESS

CITY STATE COUNTRY

ZIP or POSTAL CODE COUNTY (if from New Jersey)

RACE DAY EMERGENCY CONTACT NAME RACE DAY EMERGENCY CONTACT PHONE

Signature of Participant or Guardian if under 18 X _____