

Boston Partners in Education
2017 John Hancock Boston Marathon® Non-Profit Program



2017 JOHN HANCOCK BOSTON MARATHON® NON-PROFIT PROGRAM APPLICATION

Please complete all pages of the application and return to:

Boston Partners in Education
Attn: Mendie Welu
44 Farnsworth Street
Boston, MA 02210

Or fax to:
Boston Partners in Education
617-482-0617

Or e-mail to:
mendie_welu@bostonpartners.org

Please print clearly.

Last name _____ First name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Employer _____ Title _____

Work address _____

City _____ State _____ Zip _____

Work phone _____ Email address _____

I prefer to be contacted at _____ Home _____ Cell _____ Work

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Does your company have a matching gift program? _____ Yes _____ No

Fundraising experience:

Have you participated in a marathon/road race charity before? _____ Yes _____ No

If yes, for which charity, and how much money did you raise?

Charity _____ Amount raised _____

What will your fundraising goal for Boston Partners in Education be? _____
(Commitment is \$5,000. We encourage you to challenge yourself and consider raising greater than \$5,000. If accepted, you will need to complete a fundraising timeline.)

What are your ideas for raising these funds? List three specific ideas for fundraising.

Please answer the following questions so that we can get to know you a little better.

How did you hear about Boston Partners in Education?

What other community organizations are you involved with, and in what capacity?

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What has been your experience fundraising for other organizations in the past?

Please describe why you would like to run for Boston Partners in Education.

Running history:

Have you ever run a marathon before? _____ Yes _____ No

*The first training session will be held on **December 3, 2016**. Attendance at this session and at least one other session over the training period is **mandatory**.* Are you able to commit to participating in these team training events? _____ Yes _____ No

How many miles per week are you currently running? _____

What is your estimated race pace (min/mile)? _____

Is there anything else you would like to tell the selection committee to enhance your candidacy?

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Summary of Important Dates and Fees:

Item	Date	Action
Complete Application	Rolling until October 24, 2016	Complete and sign application. Furnish valid credit card number with expiration date no earlier than 4/17/17
Boston Partners in Education Application Fee	No later than October 24, 2016	\$100 deposit due To be applied toward your fundraising minimum and holds a Boston Marathon number in your name until January 6, 2017
Deadline to withdraw from Marathon Team	January 6, 2017	Donations raised and received by our office will not be refunded, even if you cancel before January 6, 2017.
Half of fundraising commitment due	January 16, 2016	Half of your fundraising commitment is due
Boston Athletic Association Registration	January 31, 2017	Registration fee: \$350 <u>This does not count towards your fundraising commitment</u>
Minimum fundraising requirement due	April 17, 2017	The minimum fundraising requirement must be met by each runner by the date of the marathon. NB: Your credit card will be charged for difference if \$5,000 not raised and received by this date
Boston Marathon®	April 17, 2017	Run like the wind

Please read the following page for Boston Partners in Education's Terms and Conditions for the 2017 John Hancock's Boston Marathon® Non-Profit Program.

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Boston Partners in Education's Term and Conditions for the 2017 John Hancock's Boston Marathon® Non-Profit Program:

Please read the following carefully before signing below.

Fundraising Commitment: As a condition of being granted our charity entries by John Hancock, a commitment of \$5,000 is required to join Boston Partners in Education's marathon team and receive an individual entry for the 2017 Boston Marathon.

A non-refundable deposit of \$100 will be charged to your credit card if you are accepted onto the team. The \$100 will be applied toward your fundraising minimum and holds a Boston Marathon number in your name until January 6, 2017.

Valid credit card information must be included with your application to apply for the Boston Partners in Education team. Boston Partners requires that half of your fundraising minimum be raised by January 16, 2017. If you do not meet this requirement, your credit card will be charged for the outstanding balance on that date. Boston Partners will credit your balance for any amount charged once you have exceeded the minimum fundraising requirement. MasterCard, VISA and American Express are accepted.

The minimum fundraising requirement must be met by each runner by the date of the marathon. Boston Partners in Education reserves the right to charge your credit card for the delinquent balance on April 17, 2017. Boston Partners also reserves the right to withhold your charity number, and thus exclude you from running the 2016 Boston Marathon if your obligation to the program has not been satisfactorily completed.

Cancellation Policy: You may cancel your participation with the Boston Partners in Education team for the Boston Marathon, waiving your responsibility for the \$5,000 minimum, anytime on or before January 6, 2017. To do so, you must contact Mendie Welu, mendie_welu@bostonpartners.org, in writing, on or before the cancellation date. Your \$100 deposit fee is non-refundable. After January 6, 2017, you are responsible for raising the \$5,000 minimum, even if for any reason (including injury), you are unable to run in the Marathon.

Donations raised and received by our office will not be refunded, even if you cancel before January 6, 2017.

Matching Gift Policy: Many companies match employees' charitable contributions. You can check with your employer to see if your company has a matching program and ask donors if their employers match gifts.

Boston Athletic Association (B.A.A.) Registration: Boston Partners in Education will inform you of the details of the B.A.A registration after your application is accepted. The B.A.A. charges a \$350 race application fee that does **not** count towards your fundraising

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commitment. This fee will be collected separately at a later date. **You should NOT contact the B.A.A. directly to secure your number.**

Release Form and Contribution Agreement: In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against Boston Partners in Education, its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and/or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$5,000 for Boston Partners in Education. If I have not reached the minimum in sponsorships, I will be personally responsible for the balance owed. I understand that unless I cancel by January 6, 2017, Boston Partners in Education reserves the right to charge the balance I owe to my credit card. I commit to attending the first training session held on Saturday, December 3, 2016, as well as at least one proceeding session. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of Boston Partners in Education.

In the event of illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to Boston Partners in Education to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency.

Emergency Contact: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Allergies to medicines: _____

____ MasterCard ____ Visa ____ American Express

Card Number: _____ Expiration Date: _____

Name on card: _____

Billing Address (if different from address on page 1): _____

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Signature of holder: _____ Date: _____