

2018 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

Boston Partners in Education 2018 John Hancock Boston Marathe	on® Non-Profit Pi	ogram		
Work phone	Email address			
I prefer to be contacted at	Home	Cell	Work	
Does your company have a ma	atching gift pro	ogram? Y	lesNo	
Fundraising experience:				
Have you participated in a ma	rathon/road rac	e charity before	?Yes	No
If yes, for which charity, and h Charity				
Have you applied for a charity YesNo If yes, which			ducation before?	
Are you applying to other charman which charities?				
What will your fundraising go (Commitment is \$5,000; howe your fundraising goal up to at \$11,500 in support of Boston complete a fundraising timelin	ever, we encour least \$10,000. Partners in Edu	rage you to chal Our past runner	lenge yourself and s have raised an av	erage of
What are your ideas for raising	g these funds?	List three speci	fic ideas for fundra	aising.
Please answer the following	questions so tl	hat we can get t	to know you a littl	e better.
How did you hear about Bosto	on Partners in H	Education?		

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

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 11, 2017**. *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?

Summary of Important Dates and Fees:

Item	Date	Action
Complete Application	Rolling until October 27, 2017	Complete and sign application. Furnish valid credit card number with expiration date no earlier than 4/16/18
Boston Partners in Education Application Fee	No later than October 27, 2017	\$100 deposit due To be applied toward your fundraising minimum and holds a Boston Marathon number in your name until January 8, 2018
Deadline to withdraw from Marathon Team	January 8, 2018	Donations raised and received by our office will not be refunded, even if you cancel before January 8, 2018.
Half of fundraising commitment due	January 17, 2018	Half of your fundraising commitment is due
Boston Athletic Association Registration	January 31, 2018	Registration fee: \$355 You will cover this cost. This does not count towards your fundraising commitment

Minimum fundraising requirement due	April 16, 2018	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 16, 2018	Run like the wind

Please read the following page for Boston Partners in Education's Terms and Conditions for the 2018 John Hancock's Boston Marathon® Non-Profit Program.

Boston Partners in Education's Term and Conditions for the 2018 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 2018 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 8, 2018.

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 17, 2018. 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 16, 2018. Boston Partners also reserves the right to withhold your charity number, and thus exclude you from running the 2018 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 8, 2018. 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 8, 2018, 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 8, 2018.

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 \$355 race application fee that does **not** count towards your fundraising

commitment. You are responsible for this application fee. 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 8, 2018, 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 11, 2017, 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.

Signature of Applicant:	Date:
Final information required:	
Emergency Contact:	_Relationship:
Home phone:	Cell phone:
Allergies to medicines:	

MasterCardVisa	American ExpressDi	scover
Card Number:	Expiration Date: _	
CVV:Name	on card:	
Billing Address (if different from	n address on page 1):	
I understand that unless I cancel the right to charge the balance I of		rtners in Education reserves
Signature of holder:	ſ	Date:
Note: If you are not selected for	the team, we will destroy your	payment information