



JOE ANDRUZZI FOUNDATION

JOE ANDRUZZI MARATHON TEAM 2012 (JAF MARATHON TEAM)

ALL PAGES OF THIS APPLICATION MUST BE COMPLETED AND BY NOVEMBER 30, 2011 OR UNTIL ALL SPOTS ARE FILLED ON THE TEAM. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE YOU A SPOT ON THE JAF MARATHON TEAM. YOU WILL BE INFORMED DECEMBER 5, 2011 IF YOU'VE BEEN CHOSEN AS A MEMBER. THE CONTRACT WILL REFER TO THE FOUNDATION AS THE JAF.

SEND COMPLETED APPLICATIONS TO:

SUSAN HURLEY
CHARITYTEAMS
52 RUSSELL STREET
NORTH ANDOVER, MA 01845

978-852-7891
OR EMAIL: CHARITYTEAMS@COMCAST.NET

PLEASE PRINT CLEARLY - PLEASE CHECK IF YOU ARE A
REGISTERED BM RUNNER ____OR APPLYING AS A CHARITY RUNNER ____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ TITLE: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

DOES YOUR COMPANY HAVE A MATCHING GIFTS PROGRAM? YES NO

I WOULD LIKE TO BE CONTACTED AT: HOME _____ CELL _____

SIZES: SINGLET _____ JACKET _____ SWEAT PANTS _____

FUNDRAISING EXPERIENCE

HAVE YOU PARTICIPATED IN A MARATHON/ROAD RACE CHARITY PROGRAM BEFORE?

_____ **YES** _____ **NO**

IF YES, WHAT IS THE MOST RECENT CHARITY FOR WHICH YOU RAISED FUNDS, AND HOW MUCH MONEY DID YOU RAISE?

CHARITY NAME _____ **AMOUNT RAISED: \$** _____

OTHER CHARITY FUNDRAISING PROGRAMS IN WHICH YOU PARTICIPATED (NAMES AND AMOUNTS):

- 1. _____
- 2. _____
- 3. _____

WHAT WILL YOUR FUNDRAISING GOAL BE FOR JAF?

(MINIMUM REQUIRED IS \$5,000.00 FUNDRAISING) \$ _____

WHAT ARE YOUR IDEAS FOR RAISING THESE FUNDS?

PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN GET TO KNOW YOU. ARE YOU AFFILIATED WITH THE JAF IN ANY WAY MEMBER, CORPORATE MEMBER, VOLUNTEER, STAFF, RELATIVE OR FRIEND OF SOMEONE WORKING AT THE JAF ETC.?

_____ **YES** _____ **NO**

IF YES, HOW:

IF NO, HOW DID YOU LEARN ABOUT THE TEAM?

HAVE YOU HAD ANY EXPERIENCE WITH THE JAF?

_____ **YES** _____ **NO**

IF YES, HOW?

WHAT OTHER COMMUNITY ORGANIZATIONS ARE YOU INVOLVED WITH?

PLEASE DESCRIBE WHY YOU WOULD LIKE TO RUN FOR JAF:

HOW DO YOU SEE YOURSELF BECOMING INVOLVED WITH JAF AFTER THE MARATHON?

JAF WILL BE HOLDING REGULAR MEETINGS FOR GROUP TRAINING AND PLANNING. DO YOU FORESEE ANY CONFLICTS IN ATTENDING THESE MEETINGS?

____ Yes ____ No

IF YES, WHAT IS THE REASON? _____

IF NO, PLEASE RATE THE FOLLOWING MONTHLY MEETING TIMES (1 BEING MOST CONVENIENT, 3 BEING THE LEAST CONVENIENT) IN THE ORDER THAT WOULD BEST SUIT YOUR SCHEDULE:

WEEKDAYS ____ WEEKDAY EVENINGS ____ WEEKEND MORNINGS _____

RUNNING EXPERIENCE

WHAT IS THE AVERAGE NUMBER OF MILES PER WEEK THAT YOU HAVE RUN DURING THE PAST 3 MONTHS? _____ MILES PER WEEK

WHAT HAS BEEN YOUR LONGEST TRAINING RUN DURING THE PAST THREE MONTHS?

_____ NUMBER OF MILES

HAVE YOU EVER PARTICIPATED IN THE BOSTON MARATHON BEFORE?

_____ Yes ____ No

IF YES, PLEASE LIST THE DATE(S) AND TIME IT TOOK YOU TO COMPLETE IT:

- 1. _____
- 2. _____
- 3. _____

IF NO, HAVE YOU EVER COMPLETED ANOTHER FULL MARATHON (26.2 MILES)?

_____ Yes ____ No

IF YES, WHEN, WHERE, AND HOW LONG DID IT TAKE YOU? (LIST MOST RECENT FIRST)

DATE LOCATION TIME

1. _____
2. _____
3. _____
4. _____
5. _____

IF NO, WHAT IS THE LONGEST RACE THAT YOU HAVE COMPLETED?

DISTANCE: _____ LOCATION: _____

DATE: _____ TIME: _____

ARE YOU ABLE TO COMPLETE A MARATHON WITHIN 6 HOURS?

_____ YES _____ NO

DO YOU CURRENTLY BELONG TO A RUNNING CLUB?

_____ YES _____ NO

IF YES, WHICH ONE? _____

IF NO, ARE YOU ABLE TO JOIN A RUNNING CLUB WITH A PROGRAM TO TRAIN FOR THE

BOSTON MARATHON? _____ YES _____ NO

ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD. TELL US SOMETHING INTERESTING ABOUT YOURSELF.

**TERMS AND CONDITIONS FOR THE
2012 JOE ANDRUZZI MARATHON TEAM**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.

FUNDRAISING COMMITMENT: A MINIMUM DONATION OF \$5,000 IS REQUIRED TO JOIN THE JAF TEAM AND RECEIVE AN OFFICIAL ENTRY INTO THE 2012 BOSTON MARATHON®.

VALID CREDIT CARD INFORMATION MUST BE INCLUDED WITH YOUR APPLICATION TO APPLY FOR THE JAF TEAM AS WELL AS A COPY OF THE APPLICANT'S DRIVER'S LICENSE. JAF WILL CHARGE A \$35 FEE TO YOUR CREDIT CARD UPON RECEIPT OF THIS APPLICATION. THIS IS A PROCESSING FEE AND IS NON REFUNDABLE. IT DOES NOT IN ANY WAY INSURE YOU A PLACE ON THE TEAM – ALL APPLICATIONS MUST BE REVIEWED BY JAF.

IN THE EVENT THAT YOU DO NOT MEET THE MINIMUM DONATION REQUIREMENT BY APRIL 9, 2012, JAF RESERVES THE RIGHT TO CHARGE THE BALANCE OWED TO YOUR CREDIT CARD, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE AND AGREED UPON. MASTERCARD, VISA AND AMERICA EXPRESS ARE ACCEPTED.

FUNDRAISING TIMELINE: TO SERVE AS A GUIDELINE SO THAT THE MINIMUM IS MET PRIOR TO THE BOSTON MARATHON.

BY JANUARY 09, 2012 AMOUNT OF FUNDRAISING REQUIRED - \$1000

BY FEBRUARY 09, 2012 AMOUNT OF FUNDRAISING REQUIRED - \$2500

BY MARCH 09, 2012 AMOUNT OF FUNDRAISING REQUIRED - \$3500

BY APRIL 09, 2012 AMOUNT OF FUNDRAISING REQUIRED - \$5000.

THERE ARE NO EXCEPTIONS TO RAISING THE MINIMUM. IF A FUNDRAISING MILESTONE IS NOT MET BY THE DATE NOTED, THE RUNNER WILL BE CHARGED THE DIFFERENCE ON THEIR CREDIT CARD PROVIDED TO MEET THAT. YOUR CARD WILL THEN BE REIMBURSED WHEN OTHER DONATIONS HAVE BEEN RECEIVED TO MEET THAT MINIMUM.

ALL RUNNERS MUST RAISE THE MINIMUM FUNDRAISING BY APRIL 09, 2012.

CANCELLATION POLICY: YOUR \$35 APPLICATION FEE IS NON-REFUNDABLE. YOU MAY CANCEL YOUR PARTICIPATION WITH THE JAF TEAM WAIVING YOUR RESPONSIBILITY FOR THE \$5000. MINIMUM ANYTIME ON OR BEFORE JANUARY 1, 2012. TO DO SO YOU MUST CONTACT SUSAN HURLEY, PROGRAM COORDINATOR VIA EMAIL AT CHARITYTEAMS@COMCAST.NET ON OR BEFORE JANUARY 01, 2012. AFTER JANUARY 1, 2012 YOU ARE STILL RESPONSIBLE FOR RAISING THE MINIMUM \$5000. EVEN IF, FOR ANY REASON INCLUDING INJURY, YOU ARE UNABLE TO RUN IN THE MARATHON. IF YOU CANCEL PARTICIPATION AFTER THIS DATE, YOUR CREDIT CARD WILL BE CHARGED THE BALANCE OF YOUR FUNDRAISING COMMITMENT. JAF HAS YOUR CONSENT DO THIS. DONATIONS RAISED AND RECEIVED BY OUR OFFICE WILL NOT BE REFUNDED, EVEN IF YOU CANCEL BEFORE JANUARY 1, 2012.

MATCHING GIFT POLICY: MANY COMPANIES MATCH EMPLOYEES' CHARITABLE CONTRIBUTIONS. YOU CAN CHECK WITH YOUR EMPLOYER TO SEE IF YOUR COMPANY HAS THIS PROGRAM, AND ASK DONORS IF THEIR EMPLOYER HAS MATCHING GIFTS. MATCHING GIFTS DO NOT APPLY TO THE FUNDRAISING MINIMUM BUT ARE CONSIDERED OVER AND ABOVE THE MINIMUM. IT IS YOUR RESPONSIBILITY TO CONTACT THE COMPANY TO PROVIDE ALL MATCHING GIFT INFORMATION AND INSURE THAT THE GIFT IS PROCESSED.

B.A.A. REGISTRATION JAF WILL INFORM YOU OF THE DETAILS OF THE B.A.A.

RACE REGISTRATION AFTER YOUR APPLICATION IS ACCEPTED ON THE JAF TEAM. THE B.A.A. CHARGES A \$300 RACE APPLICATION FEE THAT DOES NOT COUNT TOWARDS YOUR FUNDRAISING COMMITMENT AND IS THE SEPARATE SOLE RESPONSIBILITY OF THE TEAM MEMBER. THIS FEE WILL BE COLLECTED SEPARATELY IN JANUARY OF 2012. YOU SHOULD NOT CONTACT THE B.A.A. DIRECTLY TO SECURE YOUR NUMBER. ALL B.A.A. REGISTRATION WILL GO DIRECTLY THROUGH SUSAN HURLEY AND BE DONE ONLINE WITH THE B.A.A. OFFICE.

TEAM PARTICIPATION: ALL RUNNERS ARE EXPECTED TO ATTEND AT LEAST ONE OF THE MEETINGS DURING THE COURSE OF THE TRAINING PROGRAM. IT IS HIGHLY ENCOURAGED THAT UNLESS YOU ARE AN OUT OF STATE RUNNER YOU WILL ATTEND AS MANY OF THE TRAINING RUNS AND MEETINGS AS POSSIBLE IN ORDER TO INSURE FULL BENEFIT OF TRAINING AND RUNNING THE BOSTON MARATHON. THIS IS NOT ONLY FOR THE PURPOSE OF SAFETY BUT ALSO TO INSURE THAT THE TEAM IS WORKING TOGETHER AND IS UNDERSTANDING OF THE PARTICIPATION IT TAKES TO BE ON A TEAM.

RELEASE FORM AND CONTRIBUTION AGREEMENT: IN CONSIDERATION OF MY ACCEPTING THIS ENTRY, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATOR, WAIVE AND RELEASE ANY AND ALL RIGHTS FOR CLAIMS AND DAMAGES I MAY HAVE AGAINST THE JAF AND ITS EMPLOYEES, VOLUNTEERS, CONSULTANTS INCLUDING SUSAN HURLEY AND THE CHARITY TEAMS COACHES AND CONSULTANTS AND PRODUCT 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 AND 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 \$5000.FOR JAF BY APRIL 09, 2012. IF I HAVE NOT REACHED THE AMOUNT IN DONATIONS BY THAT DATE, I WILL PERSONALLY BE RESPONSIBLE FOR THE BALANCE OWED. I FULLY UNDERSTAND THAT UNLESS I CANCEL BY JANUARY1, 2012, JAF RESERVES THE RIGHT TO CHARGE THE BALANCE I OWE TO MY CREDIT CARD. I DECLARE THAT I HAVE EXERCISED MY OWN JUDGMENT IN SIGNING THIS AGREEMENT AND I FURTHER DECLARE THAT THE DECISION TO SIGN THIS AGREEMENT IS MY OWN.

IN THE SITUATION OF A RUNNER WHO DEFAULTS ON THIS AGREEMENT AND THEIR CREDIT CARD IS NOT VALID FOR ANY REASON, NEPCF RESERVES THE RIGHT TO PURSUE COLLECTION OF THE DEBT AND THE RUNNER WILL BE RESPONSIBLE FOR ANY AND ALL LEGAL FEES INCURRED BY NEPCF WITH THIS COLLECTION PROCESS.

IN THE EVENT OF AN 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 JAF TO SECURE FROM AN 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 INCLUDING BUT NOT LIMITED TO MEDICAL TRANSPORT, MEDICATION TREATMENT AND HOSPITALIZATION. THE FOLLOWING PERSON SHOULD BE CONTACTED IN THE EVENT OF ANY EMERGENCY:

Name: _____ Relationship: _____
Telephone: _____ Cell Phone: _____

Allergies/ Medications:

Please sign the below relative to the Terms and Conditions set fourth in the above-mentioned contract. No runner will be considered without providing the required documentation and credit card information.

Credit Card Information (please include a copy of credit card and photo ID also)

Name on Card:

Type of Card:

Address:

Number:

Security Code:

Signature to Authorize Use of Card for both Application Fee and Fundraising in the event the minimums are not met:

I have received the JAF Team application and understand all the terms and conditions of my participation in the 2012 program. I am confirming the information listed in the enclosed application. I have also noted the due date for material submission and fundraising goals.

SIGNATURE DATE

I have received the JAF Team application and understand all the terms and conditions of my participation in the 2012 program. I am confirming the information listed in the enclosed application is accurate. I have also noted the due date for material submission and fundraising goals.

SIGNATURE DATE

