



## DICK BEARDSLEY FOUNDATION MARATHON TEAM 2012

ALL PAGES OF THIS APPLICATION MUST BE COMPLETED AND RETURNED BY NOVEMBER 1, 2012 PREFERABLY BY EMAIL [CHARITYTEAMS@COMCAST.NET](mailto:CHARITYTEAMS@COMCAST.NET) OR UNTIL ALL CHARITY SPOTS ARE FILLED ON THIS TEAM.

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE YOU A SPOT ON THE DICK BEARDSLEY FOUNDATION MARATHON TEAM. YOU WILL BE INFORMED BY DECEMBER 5TH, 2012 IF YOU'VE BEEN CHOSEN AS A MEMBER.

OR SEND COMPLETED APPLICATIONS TO:

SUSAN HURLEY

CHARITYTEAMS

52 RUSSELL STREET

NORTH ANDOVER, MA 01845

EMAIL: [CHARITYTEAMS@COMCAST.NET](mailto:CHARITYTEAMS@COMCAST.NET)

PLEASE PRINT CLEARLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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 \_\_\_\_\_ WORK \_\_\_\_\_

SHIRT SIZE: SINGLET SIZE: \_\_\_\_\_ JACKET \_\_\_\_\_ SWEAT PANT \_\_\_\_\_

**FUNDRAISING EXPERIENCE – THIS IS THE MOST IMPORTANT SECTION OF THE APPLICATION PROCESS – IT IS IMPORTANT THAT YOU HAVE A FUNDRAISING PLAN OF SOME KIND.**

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

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, WHAT IS THE MOST RECENT CHARITY FOR WHOM 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 GOALS BE FOR THE DICK BEARDSLEY FOUNDATION?**

**(MINIMUM FUNDRAISING REQUIRED IS \$5,000) \$\_\_\_\_\_**

**WHAT ARE YOUR IDEAS FOR RAISING THESE FUNDS?**

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**PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN GET TO KNOW YOU.**

**ARE YOU AFFILIATED WITH THE DICK BEARDSLEY FOUNDATION IN ANY WAY – MEMBER, CORPORATE MEMBER, VOLUNTEER, STAFF, RELATIVE OR FRIEND OF SOMEONE AT THE DICK BEARDSLEY FOUNDATION?**

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, HOW:**

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**IF NO, HOW DID YOU LEARN ABOUT THE DICK BEARDSLEY FOUNDATION?**

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HAVE YOU HAD ANY EXPERIENCE WITH THE DICK BEARDSLEY FOUNDATION?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW?

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WHAT OTHER COMMUNITY ORGANIZATIONS ARE YOU INVOLVED WITH?

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PLEASE DESCRIBE WHY YOU WOULD LIKE TO RUN FOR THE DICK BEARDSLEY FOUNDATION?

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HOW DO YOU SEE YOURSELF BECOMING INVOLVED WITH THE DICK BEARDSLEY FOUNDATION AFTER THE BOSTON MARATHON?

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ARE YOU AVAILABLE FOR ANY GROUP DISCUSSION EITHER BY PHONE OR SKYPE?

PLEASE RATE THE FOLLOWING 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

\_\_\_\_\_

**TERMS AND CONDITIONS FOR THE  
2012 DICK BEARDSLEY FOUNDATION MARATHON TEAM**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.**

**FUNDRAISING COMMITMENT: A MINIMUM DONATION OF \$5,000 IS REQUIRED TO JOIN THE 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 TEAM AS WELL AS A COPY OF THE APPLICANT'S DRIVER'S LICENSE. THE DICK BEARDSLEY FOUNDATION WILL CHARGE A \$35 FEE TO YOUR CREDIT CARD UPON ACCEPTANCE ONTO THE TEAM. THIS IS A PROCESSING FEE AND IS NON REFUNDABLE.**

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

**FUNDRAISING TIMELINE: TO SERVE AS A GUIDELINE SO THAT THE MINIMUM IS MET PRIOR TO THE MARATHON.**  
**BY JANUARY 09, 2012 AMOUNT OF FUNDRAISING REQUIRED - \$1000.**  
**BY FEBRUARY 09, 2012 AMOUNT OF FUNDRAISING REQUIRED - \$2000**  
**BY MARCH 09, 2012 AMOUNT OF FUNDRAISING REQUIRED - \$3000**  
**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 MAY BE CHARGED THE DIFFERENCE ON THEIR CREDIT CARD PROVIDED TO MEET THAT AND THEN REIMBURSED WHEN OTHER DONATIONS HAVE BEEN RECEIVED TO MEET THAT MINIMUM.**

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

**CANCELLATION POLICY: IF ACCEPTED ONTO THE TEAM, YOUR \$35 APPLICATION FEE IS NON-REFUNDABLE. YOU MAY CANCEL YOUR PARTICIPATION WITH THE TEAM WAIVING YOUR RESPONSIBILITY FOR THE \$5,000. 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 \$5,000 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. THE DICK BEARDSLEY FOUNDATION 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: THE DICK BEARDSLEY FOUNDATION WILL INFORM YOU OF THE DETAILS OF THE B.A.A. RACE REGISTRATION AFTER YOUR APPLICATION IS ACCEPTED ON THE 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 DURING 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 WITH THE B.A.A. OFFICE.**

**TEAM PARTICIPATION: ALL RUNNERS ARE EXPECTED TO COMMUNICATE WITH SUSAN HURLEY ON A REGULAR BASIS TO INSURE FULL BENEFIT OF TRAINING AND RUNNING THE BOSTON MARATHON AS WELL AS THE FUNDRAISING.**

**THIS IS NOT ONLY FOR THE PURPOSE OF SAFETY BUT ALSO TO INSURE THAT THE TEAM IS WORKING TOGETHER AND IS UNDERSTANDING OF THE IMPORTANCE OF PARTICIPATION A 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 DICK BEARDSLEY FOUNDATION, DICK**

BEARDSLEY AND ITS EMPLOYEES, VOLUNTEERS, CONSULTANTS INCLUDING SUSAN HURLEY, CHARITY TEAMS COACHES AND CONSULTANTS, 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 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 \$5,000 FOR THE DICK BEARDSLEY FOUNDATION 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 JANUARY 1, 2012, THE DICK BEARDSLEY FOUNDATION RESERVES THE RIGHT TO CHARGE THE BALANCE I OWE TO MY CREDIT CARD AFTER APRIL 09, 2012. 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, THE DICK BEARDSLEY FOUNDATION RESERVES THE RIGHT TO PURSUE COLLECTION OF THE DEBT AND THE RUNNER WILL BE RESPONSIBLE FOR ANY AND ALL LEGAL FEES INCURRED BY THE DICK BEARDSLEY FOUNDATION 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 THE DICK BEARDSLEY FOUNDATION 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:

Expiration Date:

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

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I have received The Dick Beardsley Foundation Marathon 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.

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\_\_\_\_\_  
SIGNATURE DATE

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\_\_\_\_\_  
SIGNATURE DATE