



**SOUTH BOSTON NEIGHBORHOOD HOUSE “OLLIE’S TEAM”
RUNNING THE BOSTON MARATHON ON APRIL 16TH, 2012.**

(South Boston Neighborhood House referred to as SBNH)

ALL PAGES OF THIS APPLICATION MUST BE COMPLETED AND RETURNED BY NOVEMBER 1, 2011 OR UNTIL SPOTS ARE FILLED BY SBNH.

PLEASE SUBMIT PREFERABLY BY EMAIL TO CHARITYTEAMS@COMCAST.NET

NOTE: COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE YOU A SPOT ON OLLIE’S TEAM. YOU WILL BE INFORMED BY NOVEMBER 30, 2011 IF YOU’VE BEEN CHOSEN AS A MEMBER. PLEASE CALL SUSAN HURLEY FOR MORE INFORMATION ON SELECTION PROCESS AND GUIDELINES FOR FUNDRAISING. 978-852-7891.

OR SEND COMPLETED APPLICATIONS TO:
SUSAN HURLEY - PROGRAM COORDINATOR
RE: SBNH OLLIE’S TEAM
EMAIL: CHARITYTEAMS@COMCAST.NET
52 RUSSELL STREET
NORTH ANDOVER, MA 01845

PLEASE PRINT CLEARLY

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

T-SHIRT SIZE: _____ SINGLET SIZE: _____ SWEAT PANT SIZE: _____

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) PLEASE INDICATE IF THIS WAS A TEAM/GROUP EFFORT IN FUNDRAISING.

1. _____

2. _____

3. _____

WHAT WILL YOUR FUNDRAISING GOAL BE FOR SBNH OLLIE'S TEAM?

(MINIMUM REQUIRED IS \$5,000.) \$ _____

WHAT ARE YOUR IDEAS FOR RAISING THESE FUNDS? BE DETAILED AND SPECIFIC.

WHO DO YOU ANTICIPATE YOUR DONOR BASE TO BE?

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

ARE YOU AFFILIATED WITH SBNH IN ANY WAY – MEMBER, CORPORATE MEMBER, VOLUNTEER, STAFF, RELATIVE OR FRIEND OF SOMEONE WORKING AT SBNH ETC.?

_____ YES _____ NO

IF YES, HOW:

IF NO, HOW DID YOU LEARN ABOUT SBNH?

HAVE YOU HAD ANY EXPERIENCE WITH SBNH?

_____ YES _____ NO

IF YES, HOW AND WHICH PROGRAM?

WHAT OTHER COMMUNITY ORGANIZATIONS ARE YOU INVOLVED WITH?

PLEASE DESCRIBE WHY YOU WOULD LIKE TO RUN FOR SBNH:

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

SBNH THROUGH CHARITYTEAMS /SUSAN HURLEY WILL BE HOLDING REGULAR MEETINGS FOR GROUP TRAINING AND PLANNING. MOST MEETINGS ARE HELD ONE NIGHT A MONTH FROM 6-8 PM.

DO YOU FORESEE ANY CONFLICTS IN ATTENDING THESE MEETINGS? _____ YES
_____ NO

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 _____

BI WEEKLY LONG RUNS ARE HELD SATURDAY MORNINGS BEGINNING IN DECEMBER STARTING AT 8 AM DO YOU SEE ANY CONFLICTS WITH ATTENDING SOME OF THESE RUNS? YES _____ NO _____

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:

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

OPTIONAL: PLEASE SHARE IF DESIRED ANY MEDICAL CONCERNS YOU MAY HAVE PERTAINING TO YOUR PARTICIPATION IN THE TRAINING AND RUNNING OF THE RACE.

TERMS AND CONDITIONS FOR THE 2012 SBNH OLLIE’S TEAM

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.

FUNDRAISING COMMITMENT: A MINIMUM DONATION OF \$5000. IS REQUIRED TO JOIN OLLIE’S TEAM AND RECEIVE AN OFFICIAL ENTRY INTO THE 2012 BOSTON MARATHON®.

VALID CREDIT CARD INFORMATION MUST BE INCLUDED WITH YOUR APPLICATION TO APPLY FOR SBNH OLLIE’S TEAM AS WELL AS A COPY OF THE APPLICANT’S DRIVER’S LICENSE. SBNH 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 SBNH.

IN THE EVENT THAT YOU DO NOT MEET THE MINIMUM DONATION REQUIREMENT BY APRIL 09, 2012, SBNH. 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 - \$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 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: YOUR \$35 APPLICATION FEE IS NON-REFUNDABLE. YOU MAY CANCEL YOUR PARTICIPATION WITH OLLIE'S 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. SBNH 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 READ CAREFULLY: 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 GENERALLY 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.

RACE REGISTRATION: SBNH OLLIE'S TEAM WILL INFORM YOU OF THE DETAILS OF THE B.A.A. RACE REGISTRATION AFTER YOUR APPLICATION IS ACCEPTED ON THE SBNH OLLIE'S 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 SBNH.

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 MARATHON. THIS IS NOT ONLY FOR THE PURPOSE OF SAFETY BUT ALSO TO INSURE THAT THE TEAM IS WORKING TOGETHER AND THERE IS AN UNDERSTANDING OF THE IMPORTANCE OF PARTICIPATION 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 JOHN HANCOCK INC., BOSTON ATHLETIC ASSOCIATION AND IT'S SPONSORS, SOUTH BOSTON NEIGHBORHOOD HOUSE AND OLLIE'S TEAM AND ITS EMPLOYEES, VOLUNTEERS, CONSULTANTS INCLUDING SUSAN HURLEY, 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 TAKE FULL RESPONSIBILITY FOR MY PARTICIPATION IN THE TRAINING - FUNDRAISING OF THIS EVENT. I UNDERSTAND THE PHYSICAL DIFFICULTY IN THE TRAINING AND PARTICIPATION OF RUNNING A MARATHON.

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 SBNH OLLIE'S TEAM 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, SBNH OLLIE'S TEAM INC. 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, SBNH RESERVES THE RIGHT TO PURSUE COLLECTION OF THE DEBT AND THE RUNNER WILL BE RESPONSIBLE FOR ANY AND ALL LEGAL FEES INCURRED BY SBNH WITH THIS COLLECTION PROCESS.

THE FOLLOWING PERSON SHOULD BE CONTACTED IN THE CIRCUMSTANCE OF ANY EMERGENCY ARISING FROM THE TRAINING OR PARTICIPATION IN THIS EVENT.

Name: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Allergies/ Medications: _____

Please sign below relative to the Terms and Conditions set forth 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: _____

Billing Address (including zip code): _____

Number: _____ Expiration _____ Security code: _____

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

SIGNATURE _____ DATE _____

I have received the SBNH Ollie's 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 _____