



The 2020 Glen Doherty Memorial Foundation Boston Marathon Team - "Team GDMF"

All pages of this application must be completed and submitted by November 15, 2019 or *until all spots are filled on the team*. Completion of this application does not guarantee you a spot on the team. You will be informed by the foundation if you've been chosen as a member on a rolling basis after we have processed your application. The contract will refer to the foundation as Team GDMF. A \$50 application fee is required to be considered for our team. Further details see below:

Send completed applications by email only to: marathon@glendohertyfoundation.org

Please print clearly - please check whichever best suits your needs:

_____ **Charity Runner** and I **do need** guaranteed entry through The Glen Doherty Memorial Foundation (**Fundraising commitment \$10,000.00**)

_____ **Registered Qualified Runner / Invitational Entry** - I **do not** need an entry I am registered (**Fundraising commitment is \$1,000.00**)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Are you in need of any special assistance or are you applying for participation in the disability or visually impaired division? No _____ Yes _____ If yes, please explain:

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

Note: Only matching gifts received by April 14, 2020 count towards your minimum fundraising. Matching gifts may also help in the application process for obtaining a spot on this team.

Sizes: Tank OR T Shirt (please circle your preference & add your size) _____
Long Sleeve T shirt (tend to run small) _____

Hat (they are fitted): S/M M/L L/XL (pls circle 1)

Fundraising experience

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

If yes, what is the most recent charity for which you raised funds & how much money did you raise?

Charity Name _____

Amount raised: \$ _____

Other charity fundraising programs in which you participated (name, year and amount required):

1. _____

2. _____

What will your fundraising goal be for Team GDMF? \$10,000 _____ \$10,000+ _____

(Minimum required is \$10,000 in fundraising; however this is a fundraising event, higher fundraising goals will be prioritized.)

Please note: In 2019 the average Boston Marathon charity bib raised approximately \$13,000. Team GDMF needs to hit this average in order to have a viable opportunity to remain in the John Hancock Non-Profit Program.

What are your ideas for raising these funds?

Please be specific – you may add an additional sheet if needed.

Are you on Facebook? _____ Yes _____ No

What is your facebook name? _____

Are you on Twitter? _____ Yes _____ No – What is your handle? _____

Please answer the following questions so that we can get to know you:

Are you affiliated with the Glen Doherty Memorial Foundation in any way member, corporate member, board member, volunteer, staff, relative or friend of someone working at the foundation, etc? _____ Yes _____ No

If yes, how:

How did you learn about the team?

Have you had any personal experience with the foundation, military background, family in the military or another affiliation that you would like to share?

_____ Yes _____ No

If yes, Explain:

Please describe why you would like to run for the Glen Doherty Memorial Foundation?

Team GDMF provides regular mailings via email regarding training and our fundraising process. We organize weekly long runs out of Wellesley which often include the Newton hills on the marathon course. Longer runs into Boston and a 21 miler starting in Hopkington are organized with other charity teams. Do you foresee any conflicts in acting on our fundraising suggestions/plan or completing your long runs either with the group or on your own? We want to insure all our runners are properly trained. _____ Yes
_____ No

Running experience

What is the average number of miles per week that you have run during the past 2 months? _____

Have you ever participated in a road race before? _____ Yes _____ No

Have you ever participated in a marathon before? If so, when. _____ Yes _____ No

If yes, please list at least one of the date(s) and the time it took you to complete each and the distance starting with the most recent.

1. _____
2. _____
3. _____

Is this your first Boston Marathon? _____ Yes _____ No

If no, how many Boston Marathon's have you run and what was the most recent date? _____

Do you currently belong to a running club?

_____ Yes _____ No If yes, which one _____

Terms and conditions:

Registration: You will receive your race registration after your application is accepted on Team GDMF. The Boston Athletic Association charges a \$370 race application fee that does not count towards your fundraising commitment and this fee is the sole responsibility of the team member. The registration fee will be collected separately and you should not contact the race directly to secure your number. All Boston Marathon registrations will go directly through The Glen Doherty Memorial Foundation.

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 Glen Doherty Memorial Foundation and its employees, volunteers, consultants including Kristin Donahue and any coaches and consultants and product sponsors for any and all injuries suffered or sustained by me in said event and 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 \$10,000 for the Glen Doherty Memorial Foundation by Sunday, April 19, 2020. 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, 2020, the Foundation 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.

Miles stone for fundraising I agree to meet:

January 19, 2020	\$3,500 minimum met
February 19, 2020	\$5,500 minimum met
March 19, 2020	\$7,500 minimum met
April 19, 2020	\$10,000 minimum met

To insure these milestones are met, The Glen Doherty Memorial Foundation reserves the right to charge the difference on your credit card by the date given if we feel there has been a failure to fundraise throughout.

***ALL RUNNERS MUST RAISE THE MINIMUM FUNDRAISING BY APRIL 19, 2020.* WE DISCOURAGE ANY BIB PICK UP UNTIL THE MINIMUM FUNDRAISING OBLIGATION IS MET.**

Cancellation Policy: Your \$50 application fee is non-refundable. If you are selected to the team it will be a donation and go towards your fundraising minimum. You may cancel your participation with the team, waiving your responsibility for the \$10,000 minimum **anytime on or before January 1, 2020**. To do so you must contact Kristin Donahue, Program Coordinator via Email at marathon@glendohertyfoundation.org before January 01, 2020. After January 1, 2020 you are still responsible for raising the minimum \$10,000 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 Glen Doherty Memorial Foundation has your consent do this. Donations raised and received by our office will not be refunded, even if you cancel before January 1, 2020.

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.

In the situation of a runner who defaults on this agreement and their credit card is not valid for any reason, the foundation reserves the right to pursue collection of the debt and the runner will be responsible for any and all legal fees incurred by 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 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.

Emergency Contacts:

Contact #1 Name: _____

Relationship: _____

Home Telephone: _____

Cell Phone: _____

Contact #2 Name: _____

Relationship: _____

Home Telephone: _____

Cell Phone: _____

Allergies/ Medications:

Any other situations we should be aware of that may impact you ability to train, finish or fundraise for this event such as past injuries:

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.

IMPORTANT! PLEASE NOTE REGARDING APPLICATION FEE

In order to be considered for the Glen Doherty Memorial Foundation, you must provide current credit card information to us.

Should you not meet the requirements mentioned above in the application, your credit card on file will be charged the balance. A \$50.00 non -refundable application fee will be charged upon receipt of this application.

Credit Card Type:

Name:

Address:

Phone:

Credit card number:

Expiration Date on card:

CSV or Security code on card:

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

Signed: _____ Date: _____

I have received the Glen Doherty Memorial Foundation Team application and understand all the terms and conditions of my participation in the 2020 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. I understand that the submission of this application does not guarantee me a spot on the team.

Signed: _____ DATE: _____