

2011 Full & Half Marathon Clinic Registration

HALF MARATHON

FULL MARATHON



First Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy) _____

Email (pls print): _____ @ _____

Contact Number: _____

Emergency contact name & phone number: _____

Goals for clinic: _____

Technical Tee Shirt(semi-fitted): **Mens or Ladies** Size : **S M L XL**

Pace Group Preference

note: the group you sign up for does not have to end up being the group you are in, this is to get an idea of what people are aiming for

| Mara Time Eq | Full: | 1/2 Mara Time Eq | Half: |
|--------------|--------------|------------------|--------------|
| 3:15 | 7:30 _____ | 1:35 | 7:30 _____ |
| 3:30 | 8:00 _____ | 1:45 | 8:00 _____ |
| 3:40 | 8:30 _____ | 1:50 | 8:30 _____ |
| 3:50 | 9:00 _____ | 1:55 | 9:00 _____ |
| 4:10 | 9:30 _____ | 2:00 | 9:30 _____ |
| 4:30 | 10:00 _____ | 2:10 | 10:00 _____ |
| 4:50 | 10:30 _____ | 2:20 | 10:30 _____ |
| slower | Finish _____ | slower | Finish _____ |

Declaration Waiver

I am aware of the physical demand and training and waive responsibility of the runners den if I am to injure myself while attending the clinic. I will obtain doctor's approval to participate if I am unsure. I am 19 years of age or older. As a marathon participant I am able to run for 60 minutes continuously, as a half marathon participant I am able to run 40 minutes continuously.

Signature

Date