

2010 Full & Half Marathon Clinic Registration



First Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy) _____

City: _____

Postal Code: _____

Email (pls print): _____ @ _____

Weekday phone: _____ Evenings and Weekend phone _____

Emergency contact name & phone number: _____

Goals for clinic: _____
Year in which last race was completed:
Full: _____ Half: _____ 10k: _____
Most recent time:
Full: _____ Half: _____ 10k: _____
Personal best time:
Full: _____ Half: _____ 10k: _____

Pace Group Preference	
Full:	Half:
8:00 _____	8:30 _____
8:30 _____	9:00 _____
9:00 _____	9:30 _____
9:30 _____	10:00 _____
10:00 _____	10:30 _____
10:30 _____	R8/W2 11:00 _____

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