

SNICKERS® MARATHON® Energy Bar Entry Form

Marathon & Half Marathon

All proceeds benefit the construction of the Willson Hospice House

MARCH 6, 2010 - ALBANY, GA

For more info and online registration visit www.albanymarathon.com

Please Complete Entry Form Below – Call 229-317-4760 or email info@albanymarathon.com for more info
Attach Payment Payable to Albany Marathon, Inc. and mail to 112 North Front Street, Albany, GA 31701

Please **PRINT NEATLY** and fill out completely (entries without age and gender will not be eligible for age group awards.)

Race: Marathon _____ Half Marathon _____ Wheel/crank chair _____



Name (First): _____ (Middle Initial): _____ (Last): _____

Gender: M _____ F _____ Age on race date: _____ Date of Birth: (mm/dd/year): _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country _____

Daytime Phone: (_____) _____ - _____ Email: _____ (Please write legibly!)

Are you a Team Member? Yes _____ No _____ Are you the Team Captain? Yes _____ No _____

Name of Team: _____

Is this your first marathon? _____ How many marathons have you completed? _____

Fastest marathon time in last 2 years? (hours/min) _____ Predicted Finish Time: (hours/min) _____

Is this your first half marathon? _____ How many half marathons have you completed? _____

Fastest half marathon time in last 2 years? (hours/min) _____ Predicted Finish Time: (hours/min) _____

How did you hear about this event? _____

Marathon Entry*

Registration (Thru 12/31/09): \$60 (Thru 3/2/10): \$75 (3/3/10–3/5/10): \$85

Half Marathon Entry*

Registration (Thru 12/31/09): \$45 (Thru 3/2/10): \$55 (3/3/10–3/5/10): \$65

*No refunds, No Race Day Registration – Must be registered by January 15, 2009 to be guaranteed your shirt.

**Military discount: \$10 off marathon or \$5 off half-marathon. Must send a copy of your military ID with registration form.

***Team discount available for groups of 10 or more – save \$5 per registration. All registrations must be mailed in the same envelop to qualify for the discount.

T-Shirt Size: (check one) ADULT: S _____ M _____ L _____ XL _____ Other _____

Pasta Dinner at the Hilton Garden Inn: \$15 ea. _____ number of tickets

Race Registration: \$ _____ Additional Hospice Donation (optional): \$ _____ Total Amount : \$ _____

Waiver Must Be Read and Signed Before Mailing:

In consideration of this entry being accepted, I hereby for myself, heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against the Albany Chamber of Commerce, Albany Convention & Visitors Bureau, race officials, and all sponsors, of all claims or liabilities of any kind arising out of my participation in this event or while traveling to and from. I allow any photographs or materials from this event to be used to publicize this or future marathons.

Signature Required _____

Date _____

(Parent's Signature if Under 18) _____

