The 2009

New Balance Marathon Relay Entry Form

Before printing, filling out, and sending this form with your payment, make sure you have familiarized yourself with the rules and other information about the 2009 New Balance Marathon Relay. ***Only complete registrations will be accepted!!!***

Relay entry form • machine copies accepted • detach here

TEAM REGISTRATION

T-shirt sizes (Enter number of each size):
Sm_____Med_____Lg_____XL_____

Name of Team: _____

Circle Team Category:

Men's Open	Men's Master	Men's Senior	Men's Veteran
Women's Open	Women's Master	Women's Senior	Women's Veteran
Mixed Open	Mixed Master	Mixed Senior	Mixed Veteran

Official Use

Are you a Corporate Challenge Team? Yes ☐ No ☐ _____
Company or Organization Name and Hometown

If Yes, circle category:

Men's Small Business	Women's Small Business	Mixed Small Business
Men's Large Business	Women's Large Business	Mixed Large Business

Does a member of your team own a "ChampionChip?" If *Yes*, please enter the # here: ☐☐ – ☐☐☐☐☐ and put an "X" to the left of their name below.

Waiver:
I hereby release the Town of Falmouth, all sponsors, race officials, the Falmouth Track Club, USA Track & Field and other person(s) or organizations connected with the race from any claim of damage or injury from my participation in or travelling to the New Balance Marathon Relay on Sunday, October 25, 2009. I also give my permission to use my likeness and publish my name in the news media.

RELAY TEAM MEMBERS (Please print clearly)

TEAM CAPTAIN

Name:_____ **Sex: M** ☐ **F** ☐
First **Last** **Age on 10/25/09**

Address:_____
Street or P.O. Box **Town/City** **State** **Zip**

***Signature*:**_____ **Tel: (_____)** _____

E-mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

OTHER TEAM MEMBERS

1. **Name:**_____ **Sex: M** ☐ **F** ☐
First **Last** **Age on 10/25/09**
Address:_____
Street or P.O. Box **Town/City** **State** **Zip**
***Signature*:**_____

2. **Name:**_____ **Sex: M** ☐ **F** ☐
First **Last** **Age on 10/25/09**
Address:_____
Street or P.O. Box **Town/City** **State** **Zip**
***Signature*:**_____

3. **Name:**_____ **Sex: M** ☐ **F** ☐
First **Last** **Age on 10/25/09**
Address:_____
Street or P.O. Box **Town/City** **State** **Zip**
***Signature*:**_____

4. **Name:**_____ **Sex: M** ☐ **F** ☐
First **Last** **Age on 10/25/09**
Address:_____
Street or P.O. Box **Town/City** **State** **Zip**
***Signature*:**_____

Relay Entry Fee: $125.00 until June 30, $140.00 from July 1 to August 31.
Post Entry: $150.00 from September 1 on. ***Entry Fee is non-refundable***.

Make check payable to the **Falmouth Track Club**. Mail the completed registration form and your check to:

New Balance Marathon Relay
P.O. Box 699
West Falmouth, MA 02574.