



## ENTRY FORM 2018

### NEW JERSEY MARATHON/HALF MARATHON/HALF MARATHON RELAY SUNDAY, APRIL 29, 2018 –LONG BRANCH, NEW JERSEY

NO REFUNDS OR TRANSFERS. ONE PARTICIPANT PER FORM. ENTRY FORMS MAY BE PHOTOCOPIED.



Join Team Push to Walk!

Help Team Push to Walk raise funds for our organization.

Each individual wishing to participate in the 2018 New Jersey Marathon, Full Marathon Relay, or Half Marathon as part of Team Push to Walk is responsible for raising \$500 by April 22<sup>nd</sup>, 2018.

If an individual is unable to raise the required minimum of \$500, he or she is liable for the difference. The difference must be paid before April 29<sup>th</sup>, 2018.

\*If participating in the 4 person Full Marathon Relay, each team member must fill out an application and include the name of each of his or her team members.

To register, please fill out the application and email or send to Stephanie:

Email: slajam@pushtowalknj.org

Fax: 201-644-7568

Mail: Team Push to Walk  
100 Bauer Drive  
Oakland, NJ 07436

NJ Marathon       Half Marathon       Full Marathon Relay

Relay Team Member Names:

\_\_\_\_\_

Athletes with Disabilities:

Pushrim       Handcrank       Motorized       Assisted

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender:  M  F      DOB: \_\_\_/\_\_\_/\_\_\_      Estimated Finish Time: Hours \_\_\_ Minutes \_\_\_

Email \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      T-Shirt Size (Gender Specific): XS S M L XL XXL

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Race Day Emergency Contact Name \_\_\_\_\_

Race Day Emergency Contact Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Please attach a valid copy of your driver license/photo I.D