



**Greater New York
Chapter**

Team ALS: Running 4 A Cure!

The 2010 ING NYC Marathon Team ALS Application

Thank you for your interest in running the 2010 ING NYC Marathon on behalf of The ALS Association Greater New York Chapter.

The date of the Marathon is **November 7th, 2010.**

Please indicate the type of participation you are interested in:

- I would like to be considered for one of The ALS Association's **5** guaranteed entries to the 2010 ING NYC Marathon.
 - The minimum fundraising requirement for all guaranteed entries is \$3,000. You will be required to provide a valid credit card upon acceptance.

- I have already been accepted into the 2010 ING NYC Marathon but would like to join Team ALS: Running 4 A Cure and race on behalf of The ALS Association Greater NY Chapter.
 - The minimum fundraising goal for members of Team ALS is \$500.

Fundraising Requirements for Entry to the 2010 ING NYC Marathon Under The ALS Association Greater NY Chapter:

- The minimum fundraising requirement to obtain a guaranteed entry is \$3,000. A valid credit card must be provided upon acceptance in order to secure your spot.
 - 50% of the required fundraising goal (\$1,500) must be raised by October 1st, 2010. The balance (\$3,000) must be submitted by December 1, 2010.
 - If the \$3,000 minimum amount is not raised by December 1, 2010, then the remaining balance will be charged to your credit card.

By signing this form I agree to the terms as listed above and would like to be considered for participation in Team ALS and the ING NYC Marathon in 2010. Upon acceptance*, you will be notified by a member of the Special Events Team and will be asked to complete an official participation contract. A one time \$25 acceptance fee will be charged to your credit card upon receipt of your completed contract. This fee will go toward your individual fundraising goal.**

Please complete all fields below:

Print Full Name: _____

Address _____

Email Address _____

Phone Number _____

Please Check One: I would like to be considered for guaranteed entry.
 I have been accepted but would like to join Team ALS.

I wish to run
 In memory of:
 In honor of: _____

How did you hear about
Team ALS: Running 4 A Cure? _____

Signature: _____

Date: _____

Please fax, email or mail completed applications** to:

Kristen Cocoman
Manager of Special Events & Marketing
The ALS Association Greater NY Chapter
42 Broadway, Suite 1724
New York, NY 10004
cocoman@als-ny.org
FAX: (212)619-7409

For more information please contact Kristen Cocoman at (212)720-3048 or via email at cocoman@als-ny.org.

**All applications must be received no later than Monday, June 14th at 5:00pm EST.

***Guaranteed entry spots will be selected on or about June 18th. If you have been selected, you will be notified within one week of the selection date.