

**2019 Boston Marathon® Official Charity Program
 UMass Memorial Foundation and the UMass ALS Cellucci Fund Team Application
 123rd Boston Marathon – April 15, 2019**

The UMass ALS Cellucci Fund at the University of Massachusetts Medical School (UMMS) is honored to be selected as a member of the **2019 Boston Marathon® Official Charity Program**. Named after the late Governor Paul Cellucci, the mission of the UMass ALS Cellucci Fund is to drive awareness and funding for the ALS breakthroughs happening at UMMS under the direction of Robert H. Brown Jr., DPhil, MD, one of the world's foremost authorities on amyotrophic lateral sclerosis (ALS).

All applications must be completed and returned **by November 1, 2018**. Thank you for your interest in joining the UMass ALS Cellucci Fund Team through the 2019 Boston Marathon® Official Charity Program.

APPLICANT INFORMATION:

Last Name	First Name	Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home address		City/State/Zip
Preferred phone (cell/home/business)		Alternative phone (cell/home/business)
Preferred email address		Preferred email address
Employer/Job Title		City/State/Zip

Application Type:

- I am requesting an official entry from UMMF / UMass ALS Cellucci Fund.
- I have secured an official entry from another source. Please specify: _____
- I am BAA Qualified and have secured an official entry through the BAA. Please specify below:

Race	Date	Qualifying Time
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PERSONAL AND FUNDRAISING INFORMATION:

Motivation:

My personal experience with ALS and/or the UMass ALS Cellucci Fund (friend/family member, employee, etc.):

I would like to run for the UMass ALS Cellucci Fund because:

Fundraising Experience:

My personal fundraising goal for the 2019 UMass ALS Cellucci Team*: \$ _____

***While the required fundraising minimum is set at \$7,500 per runner, we encourage team members to set a higher personal goal.**

My company plans to support the UMass ALS Cellucci Fund:

- Yes, my company participates in a matching gift program to non-profits.
- Yes, my company plans to support the 2019 UMass ALS Cellucci Team through a corporate sponsorship.
- No, my company does not plan to support my participation with the 2019 UMass ALS Cellucci Team.

I plan to raise funds for the UMass ALS Cellucci Fund through the following methods:

Previous (athletic and non-athletic) charity participation and fundraising results:

Running Experience:

Running level: Beginner Intermediate Advanced

Current weekly running mileage: _____ Typical training pace (minutes per mile): _____

Number of previous Boston Marathons I have run: _____ Number of previous marathons I have run (any location): _____

Best race time/location/date (if applicable): _____

Additional Information:

Personal social networking sites handles: _____

Hobbies/sports/interests/community/volunteer activities: _____

Additional information about myself (i.e. best run ever/biggest fan/toughest race/anything unique or extraordinary/obstacles overcome): _____

OTHER INFORMATION:

Shirt size:

My unisex t-shirt size: X-Small Small Medium Large X-Large

My Team ALS Cellucci singlet size (please note, singlets tend to run small):

- | | |
|--|--|
| <input type="checkbox"/> Men's small | <input type="checkbox"/> Women's small |
| <input type="checkbox"/> Men's medium | <input type="checkbox"/> Women's medium |
| <input type="checkbox"/> Men's large | <input type="checkbox"/> Women's large |
| <input type="checkbox"/> Men's x-large | <input type="checkbox"/> Women's x-large |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

Emergency contact information:

Full name

Relationship to runner

Preferred phone number

Please be aware of the fundraising commitment for the 2019 UMass ALS Cellucci Team runners:

I understand that if I am selected for the UMass ALS Cellucci Fund marathon team, all funds raised will support the UMass ALS Cellucci Fund. I understand that, if accepted, an additional non-refundable Boston Marathon Application fee in the amount of \$365 is required, and will be paid by the runner directly to the Boston Athletic Association (BAA) and that this BAA application fee does not count toward my total fundraising requirement. I agree to collect a minimum of \$7,500 by May 20, 2019 to support the UMass ALS Cellucci Fund as part of the 2019 UMass ALS Cellucci Fund Team. I understand that CrowdRise reserves the right to charge the credit card that I provide on CrowdRise on behalf of the UMass Memorial Foundation (UMMF)/UMass ALS Cellucci Fund for the balance I owe if I have not submitted the entire balance of \$7,500 on or before May 20, 2019, or if I withdraw from the program after January 1, 2019. Donations raised and received will not be refunded if you withdraw at any time.

The UMMF Office of Advancement has my authorization to use the information provided for media, promotions, etc.

Print name

Signature

Date

Thank you for applying 2019 UMass ALS Cellucci Team for the 2019 Boston Marathon®!

Please send your completed application to: Julie Bowditch, Office of Advancement via email: communityfundraising@umassmed.edu or mail: 333 South Street, Shrewsbury, MA 01545