

**UMass Memorial Foundation and UMass ALS Cellucci Fund  
2018 Boston Marathon Application**

**Personal Information:**

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Last Name First Name Date of Birth

Gender:       Male       Female

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Home address

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City/State/Zip/Preferred phone

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Preferred email address/Alternative phone (cell, home)

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Employer/Job Title

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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:

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Race Date Qualifying Time

**Motivation:**

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

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

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**Fundraising:**

My personal fundraising goal for the 2017UMass 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 2018 UMass ALS Cellucci Team through a corporate sponsorship.
- No, my company does not plan to support my participation with the 2018 UMass ALS Cellucci Team.

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

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

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**Running Experience:**

My 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 (anywhere) I have run: \_\_\_\_\_

Best marathon time/location/date (if applicable): \_\_\_\_\_

**Additional Information:**

List social networking sites you use: \_\_\_\_\_

My hobbies/sports/interests/community/volunteer activities: \_\_\_\_\_

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

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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):

Men's small

Women's small

Men's medium

Women's medium

Men's large

Women's large

Men's x-large

Women's x-large

other \_\_\_\_\_

other \_\_\_\_\_

**Please be aware of the fundraising commitment for the 2018 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 an additional Boston Marathon Application fee is required (paid at a later date, payable to the Boston Athletic Association (BAA)) and that the BAA application fee does not count toward my total fundraising requirement. I agree to collect a minimum of \$7,500 by May 20, 2018 to support the UMass ALS Cellucci Fund as part of the 2018 UMass ALS Cellucci Fund Team. I understand that CrowdRise reserves the right to charge the credit card that I provide on CrowdRise for the balance I owe if I have not submitted the entire balance on or before May 20, 2018, or if I withdraw from the program after January 1, 2018, on behalf of the UMass Memorial Foundation (UMMF)/UMass ALS Cellucci Fund. If I continue to fundraise after my credit card has been processed with the remaining balance, I will be reimbursed on my credit card upon written request.*

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

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Signature

Date

**Please send your completed application to:** Katie Friend, Office of Advancement via email: [Katie.Friend@Umassmed.edu](mailto:Katie.Friend@Umassmed.edu) or mail: 333 South Street, Shrewsbury, MA 01545