



**APPLICATION FOR HPLF 2019 BOSTON MARATHON FUNDRAISING PROGRAM**

To be considered for Hopkinton Public Library Foundation, Inc.'s (HPLF) 2019 Boston Marathon Team and receive a Boston Marathon number, please complete the following application and return it to: **Hopkinton Public Library Foundation, Inc., P.O. Box 16, Woodville, MA, 01784, or email a scanned copy to [info@hopkintonpubliclibraryfoundation.org](mailto:info@hopkintonpubliclibraryfoundation.org).**

All pages of the application must be completed and returned by Friday, December 14, 2018, or until HPLF awards its THREE allotted numbers.

HPLF requires a \$5,000 fundraising minimum (or the amount required by the Town of Hopkinton, whatever is higher) for runners receiving a 2019 Boston Marathon number from HPLF.

If you have any questions, please email [info@hopkintonpubliclibraryfoundation.org](mailto:info@hopkintonpubliclibraryfoundation.org). Thank you!

Please print clearly:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age Group: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Employer Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to be contacted at:  Home  Work  Cell

Does your company have matching gifts program?  Yes  No

**Matching Gift Policy:** Many companies match employees' charitable contributions. You can check with your employer to see if your company has this program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually: therefore if you plan to

use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before the race date. If the companies match cycle is past the race date, or for some reason, the Foundation does not receive the matching gift check prior to the race, the match cannot count towards your minimum. It is your responsibility to notify HPLF if we need to supply the employer with any documentation in order to meet this deadline.

**Fundraising experience**

Have you participated in a marathon/road race charity program before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for which charity, when and how much money did you raise?

Charity Name: \_\_\_\_\_

Amount raised: \$ \_\_\_\_\_

When did you participate: \_\_\_\_\_

What will your fundraising goal be for HPLF?

*(minimum required is \$5,000 to receive a number)*

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What are your ideas for raising these funds?

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What is your plan for raising your first \$1,000? Second \$1,000 and so on?

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**Please answer the following questions so we can get to know you a little better.**

How did you learn about the HPLF Marathon Fundraising program?

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What other community organizations are you involved with?

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What has been your experience fundraising for these other organizations in the past?

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Please describe why you would like to run to raise money for the Hopkinton Public Library:

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Do you see yourself becoming involved with the Library after the Marathon?

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HPLF may hold one or more meetings to help you in your fundraising and training efforts. Would you be interested in attending such meetings?

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**HPLF would like to include a biography, photograph and other materials on its website and Facebook page to promote your marathon fundraising efforts. Do you agree to include such information on the HPLF website and Facebook page, and what would you like to see HPLF post to help you raise money for the library?**

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**Running Experience**

Have you run a ½ marathon and/or marathon before? If so, what were your finishing times?

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Are you confident with proper training you could complete a marathon (26.2 miles) in less than 6 hours (13.5 minutes per mile)?

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What is your weekly current training regime? Would you like to receive a personalized training program?

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**HPLF TERMS AND CONDITIONS for the 2019 Boston Marathon®**

**Please read the following carefully before signing below:**

**Fundraising Commitment: A minimum donation of \$5,000 is required in order to join the HPLF marathon team and receive an individual entry for the 2019 Boston Marathon.**

Valid credit card information must be included with your application to apply for HPLF team. You have until May 1, 2019 to meet the fundraising minimum. In the event that you do not meet the minimum donation requirement by 11:59 pm Eastern Time on May 1, 2019, HPLF reserves the right to charge the balance owed to your credit card. MasterCard, Discover, Visa and American Express are accepted.

**CANCELLATION POLICY:** You may cancel your participation with HPLF team for the Boston Marathon, waiving your responsibility for the \$5,000 minimum anytime on or before December 31, 2018. To do so, you must notify HPLF in writing on or before the cancellation date. After December 31, 2018, you are responsible for raising the \$5,000 minimum, even if for any reason, including injury, you are unable to physically participate in the marathon.

**Race Registration:** HPLF will inform you of the details of the Boston Marathon registration after your application is accepted. **The Boston Marathon charges at least a \$300 race application fee that does not count towards your fundraising commitment.** You are responsible for paying this fee. This fee will be paid to the BAA separately at a later date. **You should NOT contact the BAA directly to register. All registration instructions will be provided by HPLF.**

**RELEASE FORM AND CONTRIBUTION AGREEMENT:** In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against HPLF, its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I

agree to collect a minimum of \$5,000 for HPLF by May 1, 2019, unless prior written arrangements have been made. If I have not reached the minimum in sponsorships by that date, I will personally be responsible for the balance owed. I understand that unless I cancel by December 31, 2018, HPLF reserves the right to charge the balance I owe to my credit card. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of HPLF. In the event of an illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to HPLF to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_