

APPLICATION TO PARTICIPATE IN THE TCS NEW YORK CITY MARATHON WITH TEAM BCRF ON NOVEMBER 2, 2025

Name:	Date of Birth:
Full Mailing Address:	
City, State, Zip:	
Phone:	Email:
Athletic Fit T-Shirt Size:	(Circle Shirt Style: Men's or Women's)
Have you ever previously supported BCRF? If yes	s, how?
Have you ever participated in the NYC Marathon:	: YES:NO:
If yes, did you run for charity? Which char	rity?
How much money did you raise?	
Why do you want to run for TEAM BCRF?	
What is your personal fundraising goal (\$3,500 min	nimum)?
Credit Card (circle one): Visa Mastercard	American Express Discover
Name on Card:	
CC Number:	
Expiration Date:	
Security Code:	
Billing Street Address:	
City, State, Zip:	
Billing Phone Number:	

******Your credit card will not be charged at this time.



Release and Waiver

If selected to run for TEAM BCRF, I will participate in the TCS New York City Marathon with TEAM BCRF and 100% of the proceeds I raise will be donated to the Breast Cancer Research Foundation® (BCRF). BCRF has the right to publicly announce my participation in the TCS New York City Marathon as a member of TEAM BCRF. I have been notified that BCRF is not liable for any injuries suffered in connection with my participation in this race or training and I hereby waive any rights I, my heirs, or any other person or entity may have for any claims or damages against BCRF. I will raise a <u>minimum of \$3,500</u> for BCRF, even if I am unable to participate in the TCS New York City Marathon or if the TCS New York City Marathon is canceled for any reason. I understand that all donations processed by BCRF are non-refundable and non-transferable even if I do not participate in the TCS New York City Marathon. I understand that if I do not reach the minimum fundraising goal of \$3,500 by 10/26/25, my credit card will be charged the difference between my total as of 10/26/25 and the \$3,500 minimum. Failure to reach this minimum by 10/26/25 will result in my removal from the TCS New York City Marathon. I agree to abide by all rules of the New York Road Runners (www.nyrr.org) relating to my participation in the TCS New York City Marathon and on TEAM BCRF.

By signing the application, I agree that I have read the terms and conditions above.

Participant Signature

Date

Please return the completed form by email to Christine Ward at <u>cward@bcrf.org</u>. Applications will be reviewed on a first come first serve basis. For additional questions, please call (646) 497-2638 or visit <u>www.bcrf.org</u>.