

# MARCH 2, 2019 - ALBANY, GA



For more info and online registration visit [www.albanymarathon.com](http://www.albanymarathon.com)

Please Complete Entry Form Below – Call 229-317-4760 or email [info@albanymarathon.com](mailto:info@albanymarathon.com) for more info. Attach Payment Payable to Albany Marathon, Inc. and mail to 112 North Front Street, Albany GA 31701

Proceeds benefit the Willson Hospice House

Please PRINT NEATLY and fill out completely (entries without age and gender will not be eligible for age group awards.)

Race: Marathon \_\_\_\_\_ Half Marathon \_\_\_\_\_ Wheel/crank chair \_\_\_\_\_

Name (First): \_\_\_\_\_ (Middle Initial): \_\_\_\_\_ (Last): \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Age on race date: \_\_\_\_\_ Date of Birth: (mm/dd/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_ (Please write legibly!)

Are you a Team Member? Yes \_\_\_ No \_\_\_ Name of Team: \_\_\_\_\_

Is this your first marathon? \_\_\_ How many marathons have you completed? \_\_\_\_\_

Fastest marathon time in last 2 years? (hours/min) \_\_\_\_\_ Predicted Finish Time: (hours/min) \_\_\_\_\_

Is this your first half marathon? \_\_\_ How many half marathons have you completed? \_\_\_\_\_

Fastest half marathon time in last 2 years? (hours/min) \_\_\_\_\_ Predicted Finish Time: (hours/min) \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

<b>Marathon Entry*</b>				
Registration (Thru 9/30/18): \$70	(Thru 11/30/18): \$75	(12/31/18): \$80	(Thru 2/27/19): \$90	(After 2/27/19): \$105
<b>Half Marathon Entry*</b>				
Registration (Thru 9/30/18): \$55	(Thru 11/30/18): \$60	(12/31/18): \$65	(Thru 2/27/19): \$75	(After 2/27/19): \$85
<b>*No refunds, No Race Day Registration</b>				
<b>**Military discount: \$10 off marathon or \$5 off half-marathon. Must send a copy of your military ID with registration form.</b>				
<b>***Team discount available for groups of 10 or more – save \$5 per registration. All registrations must be mailed in the same envelope to qualify for the discount.</b>				

T-Shirt Size: (check one) **Women's:** S M L XL **Men's:** S M L XL

Race Registration: \$ \_\_\_\_\_ Additional Hospice Donation (optional): \$ \_\_\_\_\_ Total Amount : \$ \_\_\_\_\_

### Waiver Must Be Read and Signed Before Mailing:

In consideration of this entry being accepted, I hereby for myself, heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against the Albany Marathon, Inc., Albany Area Chamber of Commerce, Albany Convention & Visitors Bureau, race officials, and all sponsors, of all claims or liabilities of any kind arising out of my participation in this event or while traveling to and from. I allow any photographs or

materials from this event to be used to publicize this or future marathons.

Signature Required \_\_\_\_\_

Date \_\_\_\_\_

(Parent's Signature if Under 18) \_\_\_\_\_

