

2017 Registration Form



Name _____

Male Female Birthdate ____/____/____ Age on Race Day _____

Email _____ Phone _____

Address _____ City _____ State _____ ZIP code _____

Emergency Contact _____ Emergency Contact Phone _____

Choose Your Event

Marathon **Sun, Sept 24**

Estimated Finish Time:
 Under 4 hours 4-5 hours Over 5 hours
First Marathon? Yes No
 Wheelchair? Handcrank Pushrim

Half Marathon **Sun, Sept 24**

Division: Open Competitive Walk (Specific rules apply. See guidelines online.)
Estimated Finish Time:
 under 2 hours 2-2.5 hours over 2.5 hours
First Half Marathon? Yes No

Relay Marathon **Sun, Sept 24**

I'm the Team Captain Total Number on Team: 2 3 4 5
 Team Name _____
 Captain Name _____
Division:
 Open Female Family & Friends Business/Organization

Relay teams should complete separate registration forms for each team member and staple together with full payment.

Choose Your Shirt Size (For Sunday Events Only)

Unisex Shirt Size: Small Medium Large X-Large XX-Large
 Female Shirt Size: Small Medium Large X-Large

5K Run/Walk **Sat, Sept 23**

Adult Youth (12 & under on race day)
 Unisex Shirt Size: Small Medium Large X-Large XX-Large
 Youth Shirt Size: 2-4 6-8 Large 10-12 14-16

Kids Fun Run **Fri, Sept 22**

1/2 mile 1/4 mile Mini Dash (6 & under)
 Youth Shirt Size: 2-4 6-8 Large 10-12 14-16 Adult Small

Diaper Dash or Toddler Trot **Fri, Sept 22**

Shirt Size: 6 mo 12 mo 18 mo 2T 4T 6T

Registration Prices

Time Period	Full	Half	Relay	5K Adult	5K Youth	Kids Run	Diaper Dash OR Toddler Trot
Until March 31	\$75	\$65	\$200	\$20	\$15	\$10	\$5
April 1- May 31	\$85	\$75	\$200	\$20	\$15	\$10	\$5
June 1- July 31	\$95	\$85	\$225	\$20 (thru 6/30) \$25 (7/1-8/31)	\$15	\$10	\$5
August 1- Sept 21	\$110	\$100	\$250	\$25 (thru 8/31) \$30 (9/1-race day)	\$15 (thru 8/31) \$20 (9/1-race day)	\$10	\$5
Expo / Race Day	\$120	\$110	\$275	\$30	\$20	\$10	\$5

NO REFUNDS.

See website for information on transferring bib numbers and switching races.
NOTE: Your registration will be processed in the order it is received.
 Availability cannot be guaranteed.

Payment & Signature

Entry Fee \$ _____

Optional Purchases:
Newspaper Package (Fri-Mon \$10) \$ _____

Will Call Packet Pick Up (\$25) \$ _____
Pick up your Marathon or Half Marathon packet on race day. No refunds if picked up before race morning.

Total Amount Due \$ _____

Cash Check Mastercard Visa

CC# _____

_____/_____/_____
 Print name as it appears on card. Expiration date

Signature to Authorize Credit Card Payment _____
Make checks payable to Fox Cities Marathon.
Mail payment and completed form to: PO Box 1315, Appleton, WI 54912-1315.
Or drop off at 2616 S. Oneida St., Appleton.

LIABILITY AND PUBLICITY RELEASE Release of Responsibility: I know that running a marathon is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this release and knowing these facts, and in consideration of my accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Marathon Board of Directors, all municipal corporations or entities within where the Marathon is conducted, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant to the Fox Cities Marathon and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion or other account of this event.

Entrant Signature _____
 Date _____ Parent/Guardian if participant is under 18