



Samuel Waxman Cancer Research Foundation

ING New York City Marathon 2010 Application

Thank you for your interest in Team Waxman for the ING New York City Marathon. Please fill out the application below and fax to (212) 867-4851, email to marathon@waxmancancer.org, or mail to Development Office at 420 Lexington Ave., Suite 825, New York, NY 10170. We will review all applications and announce the recipients of guaranteed entries after July 1, 2010.

Personal Information:

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Gender: Male Female

What will be your age on November 7, 2010? _____

General Questions:

How did you hear about Team Waxman?

Why do you want to raise money for the Samuel Waxman Cancer Research Foundation?

Do you have a personal connection with someone who has cancer?

Have you participated in any other SWCRF events in the past? If so, which events?

Is there anything else you would like us to know as your application is considered?



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Fundraising Questions:

All participants must raise a minimum of \$3,500

What is your personal fundraising goal?

How do you plan to achieve your fundraising goal?

Does your employer match charitable contributions?

General Marathon Information:

Have you ever run in a marathon before? Yes No

If yes, how many total marathons have you run?

Participation Type:

I would like to secure a guaranteed race entry on Team Waxman.

Credit Card Information:

Cardholder's Name: _____

Credit Card Type: Amex Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

By checking this box, you authorize the Samuel Waxman Cancer Research Foundation to charge your credit card in the event that you do not fulfill your fundraising obligation.