

# NEW YORK CITY TRIATHLON

Presented by **RCN**★



## New York City Triathlon 2012 ENTRY APPLICATION (RELAY TEAMS)

*In support of the Boomer Esiason Foundation*

### **Release Form & Contribution Agreement:**

In accepting this entry, I hereby for myself and anyone entitled to act on my behalf, waive and release any and all rights to claim for damages I may have against the Boomer Esiason Foundation (BEF) and sponsors for all injuries suffered by me leading up to or during in the New York City Triathlon 2012. I further attest and certify that I am physically fit at present and will sufficiently train for competition in this event, and a licensed medical doctor has verified my physical condition. **As a relay team competitor, I agree our team will collect a minimum of \$3,000 by July 2, 2012.**

The purpose of the Team Boomer New York City Triathlon Group is to spread awareness and raise much-needed funds to find a cure for cystic fibrosis, and to support programs that help those with CF live longer, healthier lives.

As a triathlon participant, I agree to take on this mission and adhere to all fundraising commitments/cancellation policies as follow:

→ **A minimum amount of \$3,000 must be raised by my team and collected by the Boomer Esiason Foundation by July 2, 2012.**

→ **A \$75 Registration Fee will be charged to my credit card upon acceptance to Team Boomer.** This amount will count toward our fundraising minimum.

→ **A Dedication Deposit of \$1,500 (50% of the team's total) is due by June 1, 2012.** If we have not raised this amount by the due date, we will be allowed to personally make up the difference by check or credit card. *If we do not raise or pay this amount, our triathlon entry is subject to forfeit.*

**AFTER JUNE 1, 2012, WE ARE RESPONSIBLE FOR RAISING THE \$3,000 MINIMUM, EVEN IF WE CANCEL FOR ANY REASON, INCLUDING INJURY.**

I have read and understood all of the terms above and agree to participate:

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Applicant's Signature

Date

---

Applicant's Signature

Date

---

Applicant's Signature

Date

**\*\*\* NOTE: DONATIONS RAISED, AND RECEIVED  
BY THE BOOMER ESIASON FOUNDATION, CANNOT BE REFUNDED \*\*\***

Boomer Esiason Foundation  
483 Tenth Avenue, Suite 300, New York, NY 10018  
phone 646-292-7930 fax 646-292-7945  
www.esiason.org

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TRIATHLON

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**\*\* NOTE: EACH TEAM MEMBER MUST COMPLETE AND SIGN THIS PAGE \*\***

\_\_\_\_\_  
NAME (as it appears on your credit card)

CIRCLE ONE:    AMEX        MC        VISA        DISCOVER

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXPIRATION DATE (mm/yy)

\_\_\_\_\_  
SECURITY CODE

\_\_\_\_\_  
BILLING ADDRESS FOR CREDIT CARD

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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**PERSONAL INFORMATION OF TRIATHLON PARTICIPANT**

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FIRST NAME MIDDLE NAME LAST NAME

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STREET ADDRESS (if different from billing address) APARTMENT/UNIT #

---

CITY STATE ZIP

---

EMAIL

---

GENDER (M/F) SHIRT SIZE / SHORT SIZE (preference) DATE OF BIRTH

---

OCCUPATION EMPLOYER

---

EMERGENCY CONTACT NAME EMERGENCY CONTACT PHONE NUMBER

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**PERSONAL STORY**

What sparked your interest to support the Boomer Esiason Foundation and Team Boomer in competing in the 2012 New York City Triathlon?

What is your connection to cystic fibrosis?

Do you have previous experience in fundraising? If so, please tell us about it.

How do you plan on doing fundraising?

What is your fundraising goal?

Any other information you would like to share?

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