



Team Brookline Application

116th Boston Marathon- April 16, 2012

All pages of this application must be completed and returned via email, fax or mail. Applicants may be contacted for a follow-up conversation with our marathon team staff and/or coaches.

Applications are accepted on a rolling basis.

A non-refundable \$25 application fee will be charged to your credit card when we receive your application.

Send completed applications to:

Brookline Community Mental Health Center,
att: Development Office
41 Garrison Road, Brookline, MA 02445
Fax: 617-734-6385

E-mail: Rachel Loughran, rloughran@rcn.com

PERSONAL INFORMATION

Non-Qualified Runner (I need a number from BCMHC) _____

Qualified Runner (I have an official entry through the Boston Athletic Association) _____

Last Name _____ First Name _____ Middle Initial _____

Gender: Male _____ Female _____ Date of Birth: _____ (Must be 18 by April 19, 2012)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Preferred E-mail _____

Employer _____ Work Address _____

City _____ State _____ Zip _____

Work Phone # _____ Fax # _____

Preferred method of contact (Check two): Home Phone _____ Cell phone _____ Work phone _____ E-mail _____

CREDIT CARD INFORMATION

Credit Card Number: _____ Expiration Date (MM/YY): _____

Name as it appears on the card: _____

Yes, I agree to have \$25 non-refundable application fee charged to my card (please initial): _____

FUNDRAISING EXPERIENCE

Have you participated in a marathon/athletic charity event before? Yes _____ No _____

If yes, for which charity and how much money did you raise?

Charity Name: _____ Date of Event: _____ Amount Raised: _____

Charity Name: _____ Date of Event: _____ Amount Raised: _____

Charity Name: _____ Date of Event: _____ Amount Raised: _____

Charity Name: _____ Date of Event: _____ Amount Raised: _____

What was the most helpful support you received from these programs that helped you reach your fundraising and training goals?

Have you ever participated on Team Brookline (BCMHC Marathon event)? Yes _____ No _____

What will your fundraising goal be for Team Brookline? (Minimum goal is \$5,000 for non-qualified runners and \$1,000 for qualified runners) \$ _____. (We encourage team members to set a personal goal beyond the minimum requirement.)

Does your company have a matching gifts program? Yes _____ No _____

Social networking sites you use regularly (please check all that apply)

Facebook ___ Google + ___ Twitter ___ LinkedIn ___ Other (please specify): _____

How do you plan to raise funds (online fundraising, events, letters, etc.)? Please be as specific as possible, including networks online and offline you plan to tap into.

BROOKLINE CENTER/MENTAL HEALTH AWARENESS

How did you learn about BCMHC’s Team Brookline program? _____

Do you have or have you had any connection to Brookline or the Brookline Center? Yes _____ No _____

If yes, please describe _____

Have you or someone close to you experienced a mental health issues? Yes _____ No _____

If yes, please briefly describe _____

Are you involved with other community organizations or causes? Please describe _____

Why you would like to run for Team Brookline to support the work of BCMHC?

RUNNING EXPERIENCE

Running Level: Beginner _____ Intermediate _____ Advanced _____

How long have you been running _____ Average weekly running mileage _____

Have you ever run a marathon? Yes _____ No _____ If yes, list the date, finish time and name of marathon

List road races, dates, distances and finish times for each race in which you have participated in the last three years. _____

What is your running time goal for the 2012 Boston Marathon? (Team Brookline runners must be able to complete the marathon within 6 hours.) _____

Typical training pace (minutes per mile) _____

List any other physical fitness activities/hobbies/interests _____
