Entry Form

Please print (block capitals) and fill out completely.

For Official Use

Last Name

First Name

Age on 10/2/10

Gender M F

Street Address or P.O. Box

City

State

Zip Code

Home Phone

E-mail address _____

Pre-Registration must be postmarked by 9/18/10

Event	Pre-registration	Day of Race
Marathon	$40.00_____	$50.00_____
10K Road Race	$18.00_____	$25.00_____

Free Long Sleeve T-Shirt
with Pre-Registration for above races by Aug. 30 Size _____

NHGP Club _____

Health Walk $5.00 per individual, $8.00 per family_____

Pasta Dinner 10/1/10, 5:00 to 7:30 PM, $8.00 per person _____

After Race Party (Free Entry with race # or worker's button)
Hosted by Kathleen's Cottage, 4 PM

Make checks payable to: NHMarathon

Donations to Our Charities_____

TOTAL _____

All Entries Non-Refundable

How did you hear about us? _____

Release and Waiver: In consideration of the acceptance of this entry, I do forever release the Newfound Region Chamber of Commerce, the towns of Alexandria, Bridgewater, Bristol, Groton, and Hebron, the State of New Hampshire, the NEAC and all sponsors, volunteers and organizers of the New Hampshire Marathon, 10-Kilometer Road Race, and 5K Race Walk from any claims whatsoever arising from my participation in this event. I attest that I am physically fit and sufficiently trained to compete in this event. No refunds will be given. The race director reserves the right to reject any entry and to shorten or cancel the event if environmental or other safety conditions so dictate. Participants may be subject to formal drug testing in accordance with USATF rules and IAAF Rule 144. Information regarding drugs and drug testing may be obtained by calling the USOC Hot Line at 1-800-233-0393

Date _____

Signature _____

Parent/Guardian _____

(must also sign if competitor is under 18 on race day)

Mail entries to: NH Marathon • P.O. Box 26.2 • Hebron, NH 03241