



MARATHON & HALF
Fresno Clovis CA

SUNDAY NOVEMBER 6 2011

www.twocitiesmarathon.com

One entrant/one event per form. You may photocopy this form. Do not mail entry after November 1!

EVENT TAKES PLACE RAIN OR SHINE. RACE NUMBERS ARE NON-TRANSFERABLE.
SORRY, NO REFUNDS.

FEES:	through 7/31	8/1-9/30	After 9/30	Expo
Marathon	\$75	\$80	\$95	\$110
Half Mara Run	\$60	\$65	\$80	\$95
Half Mara Walk	\$60	\$65	\$80	\$95
2-Person Relay Half Marathon	\$110	\$120	\$150	\$180
50K Ultra Mara	\$85	\$90	\$105	\$120

ADDITIONAL ITEMS:

Adult Pasta Dinner (ages over 12) \$15
Child Pasta Dinner (ages 12 & under) \$8

REGISTER: Choose One Event

- Marathon Run \$ _____
- 50K Ultra Marathon Run \$ _____
- Half Marathon Run \$ _____
- Half Marathon Walk \$ _____
- 2-Person Relay Half Mara (pick one category below) \$ _____
 - Male Female Coed School

Relay Team Name _____

2nd Team Member's Name _____

NOTE: Each person fills out and signs their own entry; attach one payment to the two completed forms and mail in together

ADDITIONALS:

- Adult Pasta Dinner \$ _____
- Child Pasta Dinner \$ _____

Would you like to donate to a Charity?

- Children's Hospital of Central California \$ _____
- Community Hospital Shakers for Terry's House \$ _____
- Leukemia-Lymphoma Society \$ _____

Processing Fee \$ 5.00

Total Amount Enclosed \$ _____

Referral Code (if applicable): _____

Mail entry form(s) with a check made payable to

Two Cities Marathon
7775 N. Palm, Suite 102-26 Fresno CA 93711

DO NOT MAIL AFTER NOVEMBER 1, 2011!

PLEASE PRINT LEGIBLY

First Name: _____ MI: _____

Last Name: _____

Gender: Male Female

Mailing Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Telephone: _____ - _____ - _____ (format: xxx-xxx-xxxx)

Email: _____

Age on Race Day: _____ Date of Birth : ____ / ____ / ____ (mo/day/yr)

- Shirt Size (pick one size):
- Mens Small Womens Small
 - Mens Medium Womens Medium
 - Mens Large Womens Large
 - Mens X-Large Womens X-Large
 - Mens XX-Large Womens XX-Large

Name on Bib:
10 letters maximum. If left blank, first name will be used. **Must register by Oct 15.**

Emergency Contact Name: _____

Emergency Contact Telephone: _____ - _____ - _____ (format: xxx-xxx-xxxx)

Predicted Finish Time: _____ hrs : _____ mins : _____ secs

Is this your first Two Cities Marathon & Half? Yes No

How did you hear about our event?

- Print Online Television Radio Past Participant

Other: _____

Will you be staying in a hotel? Yes No How many nights? _____

Which hotel chain? _____

Highest level of education: _____

Profession: _____

TWO CITIES MARATHON & HALF WAIVER/RELEASE

In consideration for your acceptance of my entry, I, intending to be legally bound for myself, heirs, executors, administrators, agents and/or representatives, waive and release Sierra Challenge Express, Inc., its officers, directors, organizers, sponsors, officials, volunteers and agents, City of Fresno, County of Fresno, City of Clovis and any other participating agencies, from any and all claims of every nature whatsoever including, but not limited to, injuries, illnesses, personal loss, death and/or other consequences suffered by me as a result of my participation in the Two Cities Marathon and Half and associated events. I fully understand the risks and rigors of such participation and have fully prepared myself for participation. Knowing such risks and rigors, I agree and understand that I am participating solely at my own risk. Prior to registration, I will inform the race organizers regarding any relevant medical condition that I may have and, if such relevant medical condition thereafter becomes known to me, I will inform the race organizers of the relevant medical condition prior to participation. I agree to follow the rules which govern road racing, and all published rules of the Two Cities Marathon and Half. I, the undersigned, have read the above waiver and release, and understand that I have given up substantial rights by agreeing to it, and agree voluntarily. By signing my name below, I am completing this form and agree to the above waiver/release.

Signature of Athlete (or Parent's/Guardian's Signature if under 18)

Date

FORM MUST BE COMPLETELY FILLED OUT AND SIGNED TO BE PROCESSED! Event organizers will not be responsible for any errors resulting from an incomplete form.