



MARCH 3, 2012 - ALBANY, GA

For more info and online registration visit www.albanymarathon.com

Please Complete Entry Form Below – Call 229-317-4760 or email info@albanymarathon.com for more info. Attach Payment **Payable to Albany Marathon, Inc.** and mail to 112 North Front Street, Albany, GA 31701

All proceeds benefit the Willson Hospice House

Please PRINT NEATLY and fill out completely (entries without age and gender will not be eligible for age group awards.)

Race: Marathon Half Marathon Wheel/crank chair



Name (First): _____ (Middle Initial): _____ (Last): _____

Gender: M F Age on race date: _____ Date of Birth: (mm/dd/year): _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country _____

Daytime Phone: (_____) _____ - _____ Email: _____ (Please write legibly!)

Are you a Team Member? Yes No Name of Team: _____

Is this your first marathon? How many marathons have you completed? _____

Fastest marathon time in last 2 years? (hours/min) _____ Predicted Finish Time: (hours/min) _____

Is this your first half marathon? How many half marathons have you completed? _____

Fastest half marathon time in last 2 years? (hours/min) _____ Predicted Finish Time: (hours/min) _____

How did you hear about this event? _____

Marathon Entry*

Registration (Thru 9/30/11): \$65 (Thru 11/30/11): \$70 (12/31/11): \$75 (Thru 2/28/12): \$85 (Thru 2/29-3/2/12): \$100

Half Marathon Entry*

Registration (Thru 9/30/11): \$50 (Thru 11/30/11): \$55 (12/31/11): \$60 (Thru 2/28/12): \$70 (Thru 2/29-3/2/12): \$80

***No refunds, No Race Day Registration**

****Military discount: \$10 off marathon or \$5 off half-marathon. Must send a copy of your military ID with registration form.**

*****Team discount available for groups of 10 or more – save \$5 per registration. All registrations must be mailed in the same envelope to qualify for the discount.**

T-Shirt Size: (check one) ADULT: XS S M L XL

Pasta Dinner at the Hilton Garden Inn: \$15 ea. _____ number of tickets

Race Registration: \$ _____ Additional Hospice Donation (optional): \$ _____ Total Amount : \$ _____

Waiver Must Be Read and Signed Before Mailing:

In consideration of this entry being accepted, I hereby for myself, heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against the Albany Chamber of Commerce, Albany Convention & Visitors Bureau, race officials, and all sponsors, of all claims or liabilities of any kind arising out of my participation in this event or while traveling to and from. I allow any photographs or materials from this event to be used to publicize this or future marathons.

Signature Required _____

Date _____

(Parent's Signature if Under 18)

