

**Seattle Marathon & Half Marathon**

Sunday, November 30, 2014

**10K Walk + Run**

Sunday, August 23, 2014

**CHARITY PARTNER REGISTRATION FORM**

Submit this form by email to nmanning-ashe@efa.org. You will receive a confirmation email that we have received your application as well as a confirmation email that we have accepted your application as part of the Athletes vs. Epilepsy team entry into the SMA.

1. **Basic Information:**

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Gender |  |
| Street Address |  |
| City |  |
| State, Zip |  |
| Province |  |
| Country |  |
| Phone |  |
| Email |  |
| T-shirt Size |  |
| Emergency Contact |  |
| Emergency Contact Phone |  |

1. **Registration Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Race** | **Date** | **Expected Finish Time** | **Registration Fee** |
| 10K | August 23, 2014 |  | FREE with $500 Athletes vs. Epilepsy Funds Raised |
| Half Marathon  | Sunday, November 30, 2014 |  | FREE with $500 Athletes vs. Epilepsy Funds Raised |
| Marathon | Sunday, November 30, 2014 |  | FREE with $500 Athletes vs. Epilepsy Funds Raised |

1. **Participant Guarantee (must accompany registration):**

Card Type ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

 Cardholder Name:

 Card Number:

 CCV:

 Card Expiration Date:

I understand that as a member of Epilepsy Foundation’s Athletes vs. Epilepsy Seattle Marathon & Half Marathon team, I agree to raise $500, in order to receive a complimentary charity registration provided by Epilepsy Foundation (EF). I understand I will be responsible for any difference in funds not raised by the deadline of 30 calendar days from race day. EF will provide notice of outstanding balance by email. EF will charge any outstanding balance and will provide the applicable tax receipt information.

Participant Signature / Date

Parents Signature (if under 18) / Date