

Join the Meals on Wheels West LA Marathon team!

Run with us in the LA Marathon on March 20, 2011. Beginners encouraged.

Spots are limited! Deadline is September 11.

Why should you run for us?

All monies raised goes directly to providing home-delivered meals to people who cannot provide for themselves. \$2190 provides someone with two meals per day, and the ability to live independently with dignity for 365 days.

There will be team activities; meet and greet picnic; meditation session to learn body, mind, and spirit mastery techniques; and a carb load dinner. You get great swag, and the money you raise has a huge impact.

What you get when you run for us:

\$540 raised = Meals on Wheels Team Gear (registration and training not included)

Provides 2 meals per day for **3 months**

\$1080 raised = Meals on Wheels Team Gear, Marathon Registration

Provides 2 meals per day for **6 months**

\$1620 raised = Meals on Wheels Team Gear, Marathon Registration, Professional Training Program

Provides 2 meals per day for **9 months**

\$2190 raised = Meals on Wheels Team Gear, Marathon Registration, Professional Training Program plus special swag

Provides 2 meals per day for **1 year**

Please fill out the Meals on Wheels West LA Marathon Team Registration form, and return it in person, by mail, email or fax to:

Meals on Wheels West, 1823-A Michigan Ave, Santa Monica, CA 90404

Email it to Liz at liz.moww@gmail.com, or fax it to (310) 857-7802

After receiving your registration form, we will send you a Welcome Packet, with important race, training and fundraising information.

You may also donate to us at www.active.com/donate/mealsonwheelswest



MEALS ON WHEELS WEST LA MARATHON TEAM REGISTRATION

NAME: _____ GENDER: _____

BIRTHDATE: _____ EMAIL: _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MARRIED? _____ US CITIZEN? _____ EDUCATION _____

OCCUPATION(optional): _____ ANNUAL INCOME(optional): _____

T-SHIRT SIZE(Please circle one): XS S M L XL XXL

PERSONALIZE YOUR BIB (name you want printed on your bib – 11 character maximum): _____

DIVISION(Please circle one):

Runner/Walker Wheelchair Open Wheelchair Quad Wheelchair Hand Cycle Race-Walker

SHUTTLE TICKETS(Please circle one):

None 2:30am 3:00am 3:30am 4:00am 4:30am 5:00am 5:30am

DID YOU PARTICIPATE IN LAST YEAR'S EVENT? _____ HOW MANY L.A. MARATHONS HAVE YOU FINISHED? _____

WHERE DID YOU HEAR ABOUT L.A. MARATHON? _____

WHERE DID YOU HEAR ABOUT THE MEALS ON WHEELS TEAM? _____

WHO INSPIRED YOU TO RUN THE MARATHON AND WHY?(optional) _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____ RELATIONSHIP: _____

FOR THE SERIOUS RUNNER -----SEEDED CORRAL PLACEMENT-----

For placement in Sub 3, Sub 4 or Sub 5 corrals. Assignment to a seeded corral is based on a submitted qualifying marathon time run in the last 12 months. Corrals are offered on a first-come, first-serve basis and assignment is not guaranteed.

NAME OF A MARATHON FOR SEEDING: _____ DATE: _____

FINISH TIME FOR MARATHON(Must be no more than 05:01:00) : ____:____:____

IS THIS YOUR FIRST MARATHON? _____ WHAT'S YOUR MARATHON P.R.?(hours:minutes:seconds): ____:____:____



MEALS ON WHEELS WEST LA MARATHON TEAM REGISTRATION

CREDIT CARD INFORMATION:

Your card will not be charged if you reach the designated fundraising levels:

\$540 raised = Meals on Wheels Team Gear

\$1080 raised = Meals on Wheels Team Gear, Marathon Registration

\$1620 raised = Meals on Wheels Team Gear, Marathon Registration, Professional Training Program

\$2190 raised = Meals on Wheels Team Gear Plus, Marathon Registration, Professional Training Program

If you do not reach the designated fundraising levels, we will contact you prior to charging your card.

Credit Card information will not be shared.

All credit card information will be shredded after payment is confirmed.

NAME (As it appears on card): _____

ADDRESS (If different from above): _____

CITY: _____ STATE: _____ ZIP: _____

CREDIT CARD TYPE: _____ SECURITY CODE: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____