



Athletes
vs Epilepsy

ASICS LA Marathon

Sunday, March 15, 2015
Dodger Stadium-Los Angeles, CA

CHARITY PARTNER REGISTRATION FORM

Submit this form by email to nmanning-ashe@efa.org. ASICS LA Marathon Charity Partner Registrations are limited. Registration is subject to space available. We encourage early registration. You will receive a confirmation email that we have received your application, followed by a confirmation email that we have accepted your application as part of the Athletes vs. Epilepsy team entry into the LA event.

I. Basic Information:

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

II. Registration Information:

Race	Date	Select Your Distance	Expected Finish Time
Marathon	Sunday, March 15	<input type="checkbox"/>	

III. 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 LA Marathon team, by accepting a complimentary charity registration provided by Epilepsy Foundation (EF), I agree to raise \$500.00 (Marathon). I understand I will be responsible for any difference in funds not raised by the April 15, 2015 deadline. EF will provide notice of outstanding balance by April 1, 2015. EF will charge any outstanding balance on April 15 and will provide the applicable tax receipt information.

Participant Signature / Date _____

Parents Signature (if under 18) / Date _____

If available, I would like to receive mobile updates and alerts from the race organization. My mobile phone number is _____.
My mobile service provider is _____.

I am open and willing to communication with other Athletes vs. Epilepsy LA Marathon Runners. Please use the following email for communication purposes. _____.