

Best marathon time since November 1, 2008	
Race Name:	hour/minutes/seconds
Number of full 26.2 mile marathons you have completed:	
Occupation	Education
Marital status	

TRAVEL PACKAGES: Indicate which package you would like to book.

1. FLIGHT, HOTEL & GUARANTEED ENTRY <input type="checkbox"/>	
Holiday Inn Express, NJ <input type="checkbox"/>	Queen Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>
Novotel <input type="checkbox"/>	King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>
Courtyard Times Square <input type="checkbox"/>	King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>
Residence Inn Times Square <input type="checkbox"/>	King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/> (both room types also have sofa beds)
Crowne Plaza <input type="checkbox"/>	King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>
Empire Hotel <input type="checkbox"/>	King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>
Essex House Hotel <input type="checkbox"/>	King Bed <input type="checkbox"/> Queen Bed (Parkview) <input type="checkbox"/> Two Double Beds <input type="checkbox"/>
Departure City of flight:	
Departure date:	Return date:
Name of room mate:	

2. FLIGHT & GUARANTEED ENTRY <input type="checkbox"/>	
Departure city of flight:	
Departure date:	Return date:

3. MOTORCOACH, HOTEL & GUARANTEED ENTRY <input type="checkbox"/>	
Requested pick-up city:	
Name of room mate:	

4. CUSTOMIZED PACKAGE: Please describe your specific requests including dates & mode of travel, specific hotel etc. We will contact you with a customized quote.

TRAVEL INSURANCE: Travel Insurance rates vary depending on the cost of the package you choose. Please contact us for a quote and indicate your insurance needs BEFORE you return this application.	
Concierge Club Plan (covers Cancellation & Interruption, Out-of-Province Emergency Medical, Flight Accident, Travel Accident and Baggage) <input type="checkbox"/>	
Non Medical Concierge Club Plan (covers Cancellation & Interruption, Flight Accident, Travel Accident and Baggage) <input type="checkbox"/>	
I decline Travel Insurance <input type="checkbox"/> I understand that by declining travel insurance I am ineligible for a refund if I cancel my trip.	
Signature: (mandatory)	

PAYMENT:	
Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	
Card number:	Expiry date: (08/10 or later)
Name on card:	
I hereby authorize Marlin Travel to charge my credit card on the due dates and for the due amount.	Signature:
DEPOSIT NOW: \$750.00	ALL PAYMENTS ARE NON-REFUNDABLE.

FINAL PAYMENT IS DUE ON June 18, 2010 and will be automatically charged to your credit card.

A Confirmation/Receipt will be mailed to you once we process your application. You will receive your Race Card & full details of your package via courier in Mid October.
Note: If your credit card is declined, there will be a \$25.00 administration fee to re-apply for authorization. Declined credit cards may result in the cancellation of your entry.



AUTHORIZATION TO SIGN 2010 ING NYC MARATHON APPLICATION/WAIVER

It is important that you read and then sign, date and return this document to your ITP. This is part of the application process to be completed, which includes the WAIVER set forth below.

By signing this letter, you authorize the ITP, MARLIN TRAVEL LTD. from whom you purchased your 2010 ING NYC Marathon package to act on your behalf to complete and sign your 2010 ING NYC Marathon application and the following WAIVER.

2010 ING New York City Marathon® Waiver

I know that participating in the ING New York City Marathon® (the "Marathon") and/or the Continental Airlines International Friendship Run (collectively the "Events") is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Events. I am voluntarily entering and assuming all risks associated with participating in the Events including, but not limited to, falls, contact with vehicles, other participants, spectators or others, the effect of weather, including high heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I grant to the Medical Director of the Events and his designee access to my medical records and physicians, as well as any other information, relating to medical care that may be administered to me in the State of New York (USA) as a result of my participation in the Events. Having read this waiver and knowing these facts, and in consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, New York Road Runners Club, Inc., the City of New York and its agencies, USA Track & Field and its constituent chapters, all Sponsors of the Events and each of the respective representatives and successors, officers, directors, members, agents and employees of the foregoing, from all present and future claims or liabilities of any kind, known or unknown, arising out of my participation in the Events even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver.

I grant my permission to all of the foregoing to use or authorize others to use photographs, motion pictures, recordings, or any other record of my participation in the Events for any legitimate purpose without remuneration.

By: _____
Print Name

Signature

Date