



BANK OF AMERICA 

**OFFICIAL  
CHARITY**

# Red Sox Foundation

2024 Boston Marathon® Team Application

MARATHON DATE: Monday April 15, 2024

\*All participants must be at least 18 years of age

**Submit by mail to:**

Red Sox Foundation  
C/O Alexandra Young  
4 Jersey Street  
Boston, MA 02215

**Submit by email to:** [ayoung@redsox.com](mailto:ayoung@redsox.com)

Thank you for your interest in running the Boston Marathon® with the Red Sox Foundation. All pages of the application must be completed and returned by e-mail or mail for consideration. Please reach out with any questions and we look forward to reviewing your application.

## RUNNER CONTACT INFORMATION (ALL INFO REQUIRED)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Preferred Method of Contact:

☐ Phone

☐ Email

**RUNNER INFORMATION (ALL INFO REQUIRED)**

Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Does your employer have a matching gift policy?

- ☐ Yes  
☐ No

If 'Yes', would the Red Sox Foundation's mission fall within their giving guidelines?

- ☐ Yes  
☐ No

If 'Yes', what is the matching gift capacity?

\_\_\_\_\_

Social Media:

*Please indicate which platforms you have an account associated with & provide your name/handle if you would like to be tagged*

- ☐ Facebook: \_\_\_\_\_  
☐ X: \_\_\_\_\_  
☐ Instagram: \_\_\_\_\_  
☐ LinkedIn: \_\_\_\_\_

My current long distance running level is:

- ☐ Beginner  
☐ Intermediate  
☐ Advanced

Have you completed a marathon before?

- ☐ Yes  
☐ No

If 'Yes', how many marathons have you completed?

\_\_\_\_\_

If 'No', what is the longest distance you have run?

\_\_\_\_\_

Have you completed a Boston Marathon before?

- ☐ Yes  
☐ No

If 'Yes', how many Boston Marathons have you completed?

\_\_\_\_\_

My best marathon performance was:

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_.

Do you believe you can complete the Boston Marathon in under six (6) hours?

- ☐ Yes  
☐ No

My unisex t-shirt & sweatshirt size is:

- ☐ XS
- ☐ S
- ☐ M
- ☐ L
- ☐ XL
- ☐ 2XL

Preferred name on running t-shirt: \_\_\_\_\_.

Shoe size: \_\_\_\_\_.

### RED SOX FOUNDATION (ALL RESPONSES REQUIRED)

*Please answer the questions below. You may attach answers separately if more space is required.*

How did you hear about the Red Sox Foundation?

Why do you want to run the 2024 Boston Marathon on behalf of the Red Sox Foundation?

Have you participated in a Red Sox Foundation initiative before? *(Please Explain)*

Have you donated to the Red Sox Foundation before? *(Please explain)*

Do you have fundraising experience? *(Please explain)*

What is your fundraising goal for the 2024 Boston Marathon?

How would you positively contribute to the 2024 Red Sox Foundation Boston Marathon Team?

Is there anything else you wish to tell the Red Sox Foundation?

## FUNDRAISING AGREEMENT AND INFORMATION

The minimum fundraising requirement for obtaining a Red Sox Foundation 2024 Boston Marathon official entry number is **\$10,000** (\*This does not include the separate BAA entry fee). If the 2024 Boston Marathon is postponed or cancelled or if I drop out of the Marathon for any reason, I am still required to raise/pay the minimum fundraising requirement of \$10,000. By signing this agreement, I understand that if I cancel my participation or do not reach the minimum fundraising requirement of \$10,000, my credit card will be charged the balance of the fundraising requirement on Friday, April 26, 2024 at 5 PM.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

## FUNDRAISING PLAN

Below are fundraising benchmarks for the Red Sox Foundation's 2024 Boston Marathon Team. Please provide details on your fundraising strategy and detail specific strategies to hit the below benchmarks. You may create a detailed plan to raise funds and attach it separately or summarize your strategies on the final page of this application.

Date	Funds Raised
By January 22nd, 2024	\$2,500+
By February 19 <sup>th</sup> , 2024	\$5,000+
By March 18 <sup>th</sup> , 2024	\$7,500+
By April 15 <sup>th</sup> , 2024	\$10,000+

## RELEASE OF WAIVER (REQUIRED)

I hereby for myself, heirs, executors, and administrator, waive and release any and all rights for claims and damages I may have against the Red Sox Foundation, Inc., the Boston Red Sox Baseball Club Limited Partnership, and their respective members, employees, directors, volunteers, consultants, officers and agents for any and all injuries and damages (including any related to COVID-19) suffered or sustained by me in the Boston Marathon, in the training and planning sessions for said event or travel to and from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event and a licensed medical doctor has verified my physical condition. I verify that I have my own personal medical insurance and that I am fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medication treatment and hospitalization.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

## B.A.A REQUIREMENT (REQUIRED)

Per the B.A.A, entrants will comply with all protocols and procedures related to COVID-19 mitigation and public health for the Boston Marathon including, but not limited to, potential proof of negative testing, potential proof of vaccination, and wearing a face mask in designated areas. Entrants assume all risks incidental to and associated with attendance and participation in the Boston Marathon, including the risk of contracting COVID-19. B.A.A COVID-19 mitigation efforts will be guided by policies and procedures established by the CDC, state, and local public health officials and I verify I will comply with all procedures set forth.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CARD INFORMATION (REQUIRED)

Upon acceptance onto the 2024 Red Sox Foundation Boston Marathon Team, I understand that following my registration I will be contacted by the Red Sox Foundation for my credit card information. I verify that I will provide my credit card information to the Red Sox Foundation when contacted, which will be used to charge the remaining fundraising balance should I be unable to meet the minimum fundraising requirement of \$10,000.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

### Please indicate if you plan to pay the fundraising commitment:

- ☐ Charge the full fundraising commitment upon acceptance on to the 2024 Red Sox Foundation's Boston Marathon team
- ☐ Charge the full fundraising commitment on: \_\_\_\_\_
- ☐ Charge in increments based upon fundraising benchmarks listed above

**\* Please note:** All funds must be raised and collected by participant and received by the Red Sox Foundation by Friday, April 26, 2024. Should I be unable to meet the minimum fundraising requirement of \$10,000, I have given the Red Sox Foundation permission to charge the remaining balance to the credit card provided upon acceptance. If the 2024 Boston Marathon is postponed or cancelled or if I am injured while training or for some other reason cannot participate in the 2024 Boston Marathon, I understand that I am still responsible for the minimum \$10,000 payment for my number or if time and rules permits, getting another runner to take my place who agrees to the remaining balance on my fundraising commitment.

### ***By signing this agreement I agree to all these terms.***

Applicant's Name (in Print): \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Please scan and email form to Alexandra Young at the **RED SOX FOUNDATION** at [ayoung@redsox.com](mailto:ayoung@redsox.com) or print, fill out and mail to **ATTN: Alexandra Young, RED SOX FOUNDATION, 4 Jersey Street Boston, MA 02215.**

Please Note: All donation checks must be written directly to **The Red Sox Foundation** with a note on the memo line indicating support of the **Boston Marathon & the name of the Marathon runner** and sent to:

The Red Sox Foundation Inc.  
P.O. Box 411217  
Boston, MA 02241-1217

## FUNDRAISING PLAN OUTLINE