EYE-Q

Two Cities MARATHON & HALF

OFFICIAL USE ONLY

Sunday, November 9

☐ Individual FULL Marthon Run ☐ Individual HALF Marathon Run

☐ Individual HALF Marathon Walk ☐ Relay FULL Marathon (see below for categories)

CHECK ONE EVENT BOX ABOVE

FIRST NAME LAST NAME

STREET ADDRESS / APARTMENT NUMBER

CITY STATE ZIP CODE

DAYTIME TELEPHONE [area code + number] EVENING TELEPHONE [area code + number]

BIRTHDATE [ex. 01-03-63] AGE [On Race Day] ☐ Male ☐ Female GENDER

EMAIL ADDRESS [Your email address will not be given out or sold outside of this event!]

SHIRT SIZE: S M L XL *"X" out the size you would like. We endeavor to provide you with the shirt size requested but we cannot guarantee.*

PREDICTED FINISH TIME (hr:mn) :

Will you be attending Post Party & Awards Ceremony? ☐ YES ☐ NO

(MARATHON ONLY)
RELAY DIVISION: ☐ Male ☐ Female ☐ Coed

CHECK ONLY ONE RELAY DIVISION

☐ YES: My teammates and I are ALL EDUCATORS

RELAY TEAM NAME

Relay Team Captain

Member 2

Member 3

Member 4

MARATHON RELAY PARTICIPANTS

- **ALL** entries for team must be sent in together
- Designate a team captain to receive updates
- Enclose **ONE** payment for your team
- Each member must complete a separate form

Personalized RACE BIB
Register Before Oct 31st

DO NOT MAIL ENTRY AFTER NOVEMBER 1

Event	postmarked by Aug 31	postmarked by Oct 31	postmarked after Oct 31
Full Marathon	$ 60	$ 65	$ 75
Half Marathon Run	$ 40	$ 45	$ 55
Half Marathon Walk	$ 40	$ 45	$ 55
Full Marathon Relay	$140	$160	$180

Entry Fee from above $ _____ ★

EXTRAS

Pasta Dinner ____ qty x $10 $ _____

Guest Finisher's Village Entry **(Race Participant is FREE)** ____ qty x $5 $ _____

Guest Post-Party Entry **(Race Participant is FREE)** ____ qty x $5 $ _____

Charitable Donation *Donation of $10 or more receives a pair of red shoe laces as a symbol of support!*
[ ] Leukemia & Lymphoma Society $ _____
[ ] Hinds Hospice $ _____
[ ] Make A Wish Foundation $ _____

(include race fee + any extras) TOTAL $ ★

EVENT TAKES PLACE RAIN OR SHINE

ENTRY IS NON-REFUNDABLE RACE NUMBERS ARE NON-TRANSFERABLE

Mail entry form with a check made payable to:
TWO CITIES MARATHON
c/o Eye-Q 7075 N. Sharon Fresno CA 93720

FORM MUST BE COMPLETELY FILLED OUT AND SIGNED TO BE PROCESSED!

LIABILITY WAIVER AND RACE AGREEMENT: In consideration of your acceptance of my entry, I, intending to be legally bound, do hereby for myself, my heirs, executor, and administrators, waive and release forever any and all rights to claims or damages I may have against Eye-Q, Sierra Running Co., Sierra Challenge Express, Tree Fresno, sponsors, volunteers, race officials, the City of Fresno, the City of Clovis, Fresno County, State of California, and all other parties involved with this event. I attest to being fully trained and fit to participate and have full knowledge of the risks involved. I also give my permission for the free use of my name(s), photo and/or voice in any broadcast, telecast, print account or any other account in any medium of this event.
I understand that the course is open to participants for seven (7) hours.

X _____

Participant's Signature (Parent/Guardian must sign if entrant is under 18)

_____

Date

www.runfresno.com