



OFFICIAL CHARITY

2020 Boston Marathon® Official Charity Program
Dream Big! Boston Marathon Team Application
124th Boston Marathon – Monday, April 20, 2020

Submit by mail to:

Dream Big!
Attention: Dream Big! Marathon Team
281 Needham Street, Suite 202, Newton, MA 02464

Submit by e-mail to: info@dream-big.org

Thank you for your interest in running the Boston Marathon® with Dream Big!. While the required minimum is set at \$7,500 per runner, this year's goal is to raise on average a minimum of \$10,000 per runner. Set your fundraising sights high — beyond the basic commitment — and give your fundraising plan careful and serious consideration, as this plan is an integral part of your application.

Applications are reviewed on a rolling basis! All pages of the application must be completed and returned by mail or e-mail by November 30, 2019 or applications will continue to be accepted until all spots are full. Once we receive your application, we will charge the credit card provided below a \$45 non-refundable application fee. Please feel free to attach additional pages to any section if necessary. Questions? We're here to help! Email us at info@dream-big.org Thank you!

Also: You may be contacted to discuss your application. All information you provide is handled confidentially

CONTACT INFORMATION - Please print clearly

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Secondary Phone: _____

Email address: _____

Employer: _____ Position/Title: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Sex: [] Female [] Male Birth Date: _____ / _____ / _____

T-Shirt Size: _____ Singlet Size: _____ Jacket Size: _____

Day of Marathon Shirt Preference: T-Shirt Style Running Shirt: _____ Singlet: _____

What type of runner are you participating as for the 2020 Boston Marathon?

____: You are applying to be a member of the Dream Big! Marathon Team and in need of a bib number

____: You are a time qualified registrant for the 2020 Boston Marathon and have a bib number

____: Other: You are receiving a bib number from another source

Does your company have a matching gifts program? ____ Yes ____ No

Matching Gift Policy: Many companies match employees' charitable contributions. You can check with your employer to see if your company has this program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually: therefore if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before the race date. If the companies match cycle is past the race date, or for some reason, Dream Big! does not receive the matching gift check prior to the race, the match cannot count towards your minimum.

FUNDRAISING EXPERIENCE

Have you participated in a marathon or a pledge event for a charity program before? ____ Yes ____ No

If yes, please complete the following: (Please list all experiences; add lines if necessary)

Name of Event: _____ Charity Name: _____

When did you participate: _____ Amount raised: \$ _____

Name of Event: _____ Charity Name: _____

When did you participate: _____ Amount raised: \$ _____

Do you have any other experience fundraising for non-profit organizations? ____ Yes ____ No

If yes, please explain:

What will your personal fundraising goal be? (**Minimum required is \$7,000 – Receiving number from Dream Big!**)

\$7500 \$8500 \$9000 \$10,000 \$15,000 \$20,000 \$25,000+ Other \$ _____

What will your personal fundraising goal be? (**Minimum required is \$1500 – You have your own entry/bib number**)

\$1500 \$2500 \$4000 \$5000 \$6500 \$8,000 \$10,000 Other \$ _____

Number of potential donors I will contact (Recommended: 300+): Up to 50 50-150 150-250 250+

What are your ideas for raising these funds? (Please be as specific as possible)

Please note: Dream Big! staff and mentors will schedule fundraising strategy meetings with each teammate to help you reach and exceed your goals this season. In addition each runner will have a personalized on-line fundraising page.

What other contacts will you be using to help you fundraise?

Please answer the following questions so we can get to know you a little better.

Do you have: _____ Facebook Page (Name on Page: _____) _____ Twitter _____ LinkedIn

How did you learn about Dream Big!? _____

Please describe why you would like to run for Dream Big!:

Did you or do you, or any of your children, play sports? _____ Yes _____ No

If yes, what sports and what impact do you think it had on your/their life?

Do you have a specific story about how sports impacted yours or your child's life? _____ Yes _____ No

If yes, please explain: _____

What other community organizations are you involved with and in what capacity?

What is the name of your home town newspapers: _____

RUNNING EXPERIENCE

Have you run a 1/2 marathon and/or marathon before? If yes, what events and what were your finish times for each:

If no, what is the longest distance you have run? _____

Are you confident with proper training you could complete a marathon (26.2 miles) in less than 6 hours? (13.5 minutes a mile) _____

Please describe your current weekly exercise/training regime?

Do you have any prior injuries or specific reasons to be concerned about your ability to complete a marathon?

_____ Yes _____ No If Yes, Please Explain:

TRAINING AVAILABILITY

Dream Big! plans to hold monthly team meetings during training. These may be on Saturdays after a group run. We will have exact dates in November. Do you foresee any conflicts in attending these meetings if you live in MA?

___ Yes ___ No If yes, what is the reason? (Please note if out of state we will provide weekly updates via e-mail)

Benefits to being a part of Team Dream Big!:

Non-Qualified and Qualified runner benefits Include, professional coaching, weekly group training runs, fundraising support, Marathon Weekend Dream Big! Brunch and Post Marathon Team Celebration, a Team Jersey and more.



Dream Big! Partnership Terms and Conditions for the 2020 Boston Marathon®

Please read the following carefully and sign at the bottom.

Application Process: Applications will be reviewed on a rolling basis by Dream Big!. Once you have submitted your application, Dream Big! will contact you by phone to discuss your application further if you are selected to go to the next round in the review process. All runners must be at least 18 years of age, be capable of completing the Marathon in

less than six hours, and comply with the terms and conditions listed below.

Time Commitment and Resources: Runners are expected to train and fundraise extensively to ensure they meet their financial commitment and complete the Marathon. We are here to support your Marathon goals and ensure that this is a positive experience for the entire team. Dream Big! will provide fundraising support and tips, a voluntary training program with a coach, and monthly meetings. Dream Big! recommends that runners attend the monthly meetings, assuming you live within a reasonable distance of the meeting. We will actively communicate with you on your fundraising goal and check in with you frequently on meeting your fundraising targets.

Uniforms: All Dream Big! Marathon Team members will be **required** to wear a Dream Big! team singlet or shirt while running the 2020 Boston Marathon.

Fundraising Commitment: A fundraising minimum of **\$7,500** is required to join the Dream Big! Marathon Team and receive an individual entry for the 2020 Boston Marathon. **50% of the \$7500 minimum must be collected prior to January 15th.** If you are selected onto the team, a **non-refundable deposit of \$100** will be charged to your credit card, verifying your acceptance. The deposit of \$100 will be applied towards your fundraising minimum and holds a Boston Marathon entry number in your name. In the event that you do not meet the minimum donation requirement of **\$7500 by March 31, 2020** Dream Big! reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made. MasterCard, Discover, Visa and American Express are accepted. If you continue to fundraise after your credit card has been processed with the remaining balance we will reimburse your card upon written request. We will no longer reimburse your card after May 1, 2020. **All Dream Big! Marathon Team members will be required to have an on-line fundraising page via Dream Big! fundraising platform Crowdrise.**

CANCELLATION POLICY: You may cancel your participation with the Dream Big! Team for the Boston Marathon, waiving your responsibility for the \$7,500 minimum, anytime on or before January 1, 2020. To do so, you must contact Linda Driscoll, President & CEO at Dream Big! in writing on or before the cancellation date. Your \$100 deposit fee is non-refundable and any donations raised and received by our office will not be refunded, even if you cancel before January 1, 2020. After January 1, 2020 you are solely responsible for raising or personally donating the \$7,500 minimum, even if for any reason, including injury, you are unable to physically participate in the marathon.

Matching Gift Policy: Many companies match employee charitable contributions. You can check with your employer to see if your company has this program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually. Therefore if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be **received before April 20, 2020.** If the company's match cycle is past April 20, 2020, the match cannot count towards your minimum, but will count towards your total amount raised.

B.A.A. Race Entry Fee: Dream Big! will inform you of the details of the B.A.A. race entry after you have been selected to join the Dream Big! Marathon Team. The B.A.A. charges a \$370 race application fee that **does not count** towards your fundraising minimum. This fee will be collected separately at a later date (early 2020) to cover your entry fee. You should **NOT** contact the B.A.A. directly to secure your number.

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Release Form and Contribution Agreement:

In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against Dream Big, Inc. (AKA: Dream Big!) its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or 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 also grant permission for use of my name and or photograph/video or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$7,500 (or \$1500 if have my own bib number) for Dream Big! by March 31, 2020, unless prior written arrangements have been made. (50% of the \$7500 minimum must be collected prior to January 15th.) If I have not reached the minimum in sponsorships by either date, I will personally be responsible for the balance owed. I understand that unless I cancel by January 1, 2020 Dream Big! reserves the right to charge the balance I owe to my credit card. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of Dream Big!.

In the event of an illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to Dream Big! to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization of an emergency.

Print Name: _____

Signature: _____ Date: _____

The following person should be contacted in the event of an emergency:

Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone: _____

Allergies to medications: _____

A valid credit card is required to be considered for membership to the 2020 Dream Big! Boston Marathon Team. Please provide the requested information below. By providing us with your credit card information, you agree to being charged for any balance owed on the \$7500 (or \$1500 if you have your own entry number) fundraising commitment, as outlined in the Terms and Conditions above.

CREDIT CARD INFORMATION: _____ MasterCard _____ Visa _____ Amex _____ Discover

Card Number: _____

Expiration Date: _____ (Expiration date must be after 04-30-2020)

Name on Card: _____

Address (if different from address on page 1): _____

Signature of Card Holder: _____ Date: _____

Dream Big! – 281 Needham Street, Suite 202, Newton MA 02464
www.dream-big.org