



WALT DISNEY WORLD® Marathon Weekend 2009
January 8-11, 2009
Registration Form

The half-marathon is open to runners and walkers age 14 and over who are able to complete the 13.1-mile course in a 3 ½ hour time limit. The marathon is open to runners and walkers age 18 and over who are able to complete the 26.2-mile course in a 7 hour time limit. Anyone not able to maintain the 16 minute per mile pace will be picked up and transported to the finish.

Last name _____ First name _____

Address _____

City _____ State _____ Zip _____

Date of birth _____ Gender M F

Phone _____ Email _____

Shirt Size: S M L XL XXL

ChampionChip# (If you own your own chip) _____

Half-marathon _____ Marathon _____ Goofy's Race and a Half Challenge _____

Anticipated finish time _____ hrs. _____ mins.

If you are anticipating a sub-2:45 completion time for the half-marathon, or a sub-5:00 time for the full, mail proof since July 1, 2005 in support of that time to P.O. Box 536547, Orlando, FL 32853-6547, or you will be placed in the last Start corral.

Name of race that supports anticipated completion time: _____

To hold your registration with the League, a \$100 commitment fee must be submitted with your registration form. This will be credited toward your fundraising requirement. You must pay this fee with a valid credit card. Your credit card will not be charged again unless you fail to meet the fundraising minimum. On December 10, 2008, the difference between your fundraising requirement and the amount that you have actually fundraised up to this point will be charged to your credit card. You have until January 31, 2009 to continue to raise funds and meet your fundraising requirement. At that time, any monies charged to your personal credit card that is made up for in fundraising will be reimbursed by the Junior Charity League of Concord. In registering with the Junior Charity League of Concord, you are committing to fundraise at least \$600 for the charity (\$900 for Goofy participants). In exchange you will receive race registration. Additional benefits available at higher fundraising levels (certain restrictions apply). See Runner Guidelines for more details.

VISA Mastercard

Credit Card #: _____ Exp date: _____

I agree to the terms described above and authorize the processing of my credit card:

Signature

Date

Please return form to: Angela D. Scott, 24 Oakland Ave SE, Concord, NC 28025 or fax (704) 652-0669