



# A BETTER CHANCE

Opening the door to greater educational opportunities since 1963.

240 W. 35<sup>th</sup> Street, 9<sup>th</sup> Floor New York, NY 10001

Phone: (646) 346-1310 Fax: (646) 346-1311

## A BETTER CHANCE APPLICATION FORM FOR ING NYC MARATHON 2010

DEADLINE: August 30, 2010

This form must be postmarked or faxed by the deadline date along with the agreement contract.

### BASIC INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M F (Circle one)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

### Additional Information:

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

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Preferred E-mail: \_\_\_\_\_

I would like to receive mail at: Home \_\_\_ Work \_\_\_

Does your company have an employee matching gifts program? Yes \_\_\_ No \_\_\_

Please answer the following questions:

How did you learn about A Better Chance?

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What other charitable / non-profit organizations are you involved with?

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Have you fundraised for other organizations prior to this marathon?

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Additional Information:

What is your t-shirt size? (Circle one) XS S M L XL

Emergency Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

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

A Better Chance thanks you for your support!