

50 & DC Marathon Group Application Form

Information

Name: _____
Address: _____
Home Telephone: _____
E-Mail Address: _____
Age at 1st Marathon: _____
Number of Marathons: _____
Number of Ultra's: _____
Total Marathons and Ultra's: _____

Please list up to 10 marathons you have run.

Marathon Name	State

Mail this form and your \$5 membership fee to:

Jerry Schaver
1124 16th Street Ct.
Silvis, IL 61282