Official Use Only

|____|____|____|____|

New Bedford Half Marathon,
P.O. Box , 4062
New Bedford, MA 02741
Race Phone: 508-993-1774

Make Checks Payable to:
New Bedford Half Marathon
(Do not send Cash)

First Name (please print) **Middle Initial** **Gender M/F** **Age-Day of Race**

|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__| |__| |__|__|__|

Last Name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Street Address

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City/Town

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

State **Zip Code** **Area Code** **Home Phone**

|__|__| |__|__|__|__|__| |__|__|__|-|__|__|__|-|__|__|__|__|

USATF Team/Individual Number
|__|__|__|/|__|__|__|__|__|__|__|__|__|__|__|__|

USATF Team Name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Email Address
____

Entry Fee: _______ **($35 prior to 3/20, $40 Race Weekend)**

T-Shirt (to 1st 1,500 Registered Runners)

T-Shirt Size ordering Please circle size: S, M, L, XL

Waiver: In consideration of the acceptance of this entry, I forever release the New Bedford Half Marathon Committee, the City of New Bedford, USATF New England and all other sponsors and organizers of the New Bedford Half Marathon from any claims whatsoever from my participation in this event. I attest that I am physically fit and sufficiently trained to participate in this event.

Signature ____
(parent or guardian if under 18)

DO NOT USE THIS APPLICATION FOR SATURDAY AND SUNDAY REGISTRATION.

V2006