



IMT Des Moines Marathon Elite Athlete Application Half Marathon Entry

Contact Information

Name (First, Middle Initial, Last):	
Mailing Address:	
City, State, Zip Code/Country:	
Email Address:	
USATF Number (if applicable):	
Date of Birth:	Age (on October 18, 2009):
Gender:	
Citizenship:	
Sponsor/Team/Agent/Coach (if applicable):	
Phone (Day):	(Cell):
Occupation:	Local Newspaper:

Optional Info: Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Children: _____ Will you be traveling alone? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please provide names: Please share any information that may be useful for human interest or motivational stories*:

Personal Record - Career*

Distance	Finishing Time	Place	Race Name	Date
5k				
10k				
Half Marathon				
Marathon				
Previous DSM Marathon/Half				
Other				

Personal Record – Last Twenty-Four Months*

Distance	Finishing Time	Place	Race Name	Date
5k				
10k				
Half-Marathon				
Marathon				
Previous DSM Marathon/Half				
Other				

*Please use back side of application if additional space is required.