



**IMT Des Moines Marathon
Elite Athlete Bio**

Contact Information

Optional:	
Circle Race Entry: Marathon Half Marathon Marathon Relay 5K Road Race	
Name (First, Middle Initial, Last):	
Street Address:	
City, State, Zip Code/Country:	
Email Address:	
Gender:	Social Security Number:
Date of Birth:	Age (on October 16, 2011):
Citizenship:	
Sponsor/Team/Agent/Coach (if applicable):	
Phone (Day):	(Cell):
Occupation:	Local Newspaper:
Will you be lodging in DSM? Y N Which nights? F S S Will you be lodging alone? Y N	
Please share any information that may be useful for human interest/motivational stories*:	

Personal Record – Last Twenty-Four Months*

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

Personal Record - Career*

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

*Please use back side of elite athlete bio if additional space is required.