

B O S T O N  
**MARINE CORPS  
HONOR RUN**  
— 5K —

**SATURDAY, MAY 9, 2020**  
**9:00 AM**  
**Carson Beach, South Boston**

# REGISTRATION

Also available online @ [www.mchonorrun.com](http://www.mchonorrun.com)

For Official Use Only

Please Note: Incomplete or unsigned forms will not be accepted. Registration fees are non-refundable.

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Street Address (include apartment number or P.O. Box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Gender  M  F Wheelchair  Y  N Birth Date \_\_\_\_\_ Number of years participated in this race \_\_\_\_\_  
(including this year)

E-mail \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

How did you hear about the race? \_\_\_\_\_ T-Shirt Size  S  M  L  XL  XXL

I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Conventures, Inc., its affiliates and subsidiaries, and their respective officers, directors, employees, sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors, and assigns, and will hold them harmless for any and all injuries suffered in connection with this event. I attest that I am physically fit to compete in this event. Further, I hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, recordings, my story, or any other record of this event for any legitimate purpose.

Signature \_\_\_\_\_ Signature of Guardian \_\_\_\_\_

(if under 18)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**\$20 ACTIVE DUTY OR RETIRED MILITARY / ROTC / JROTC / FIRST RESPONDERS**  **\$40 PRE-RACE REGISTRATION**  **\$50 RACE-DAY REGISTRATION**

Method of Payment:  Check (Payable to Conventures, Inc.)  Visa  MC  AMEX

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration: Month / Year

\_\_\_\_\_  
Billing Zip

\_\_\_\_\_  
Customer Code

Account Number

Expiration: Month / Year

Billing Zip

Customer Code  
(3-4 digit code on the back of your card)

\_\_\_\_\_  
Name and phone number of cardholder, if different from above

Signature of cardholder \_\_\_\_\_

**SEND TO:** Conventures, Inc., 88 Black Falcon Avenue, Suite 202, Boston, MA 02210

**Mail-in Deadline: May 4, 2020**