JOIN OVER

8,000 WOMEN

MONDAY, OCTOBER 14, 2013

NOON ▸ BOSTON COMMON

REGISTRATION

You may also register online at tuftshealthplan.com/tufts10k.
Please note: Incomplete or unsigned forms will not be accepted. All registration fees are nonrefundable.

Last Name, First Name, Middle Initial

Street Address, City, State, ZIP

Country (if not U.S.A.)_____ U.S. Citizen ❑ Y ❑ N

Wheelchair ❑ Y ❑ N Tufts Health Plan Member ❑ Y ❑ N

Number of years participated in this race, including this year_____

2013 USATF Number (if applicable)_____

DOB_____/_____/_____ Age as of race day_____

E-mail_____

Emergency Contact, Phone_____

How did you hear about the race?_____

❑ I would NOT like my first name printed on my bib number
(Those who would like their name printed must register by September 9th.)

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Tufts Associated Health Plans Inc., Tufts Associated Health Maintenance Organization, Inc., and their affiliates and subsidiaries, and their respective officers, directors, and employees; Conventures Inc.; and 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 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 Parent (if under 18)_____

Home Phone_____ Work Phone_____

METHOD OF PAYMENT

For Official Use Only

❑ **$40: PRE-REGISTRATION**

❑ **$50: RACE DAY REGISTRATION**
(Applies on Monday, October 14 only.)

❑ **$36: TUFTS HEALTH PLAN MEMBER REGISTRATION***

Tufts Health Plan Member ID#

❑ Visa ❑ MC ❑ AMEX ❑ Discover ❑ Check (Payable to Conventures Inc.)

Account Number

/

Expiration: Month / Year

Customer Code
(3–4 digit code on your card)

Five-Digit Billing ZIP Code

Name and phone number of cardholder, if different from above

Signature of cardholder

*To be eligible for discount, must be covered under a plan offered or administered by Tufts Health Plan at time of registration. Membership will be verified. Non-members are subject to the $40 pre-registration fee.

MAIL TO:
Conventures Inc.
One Design Center Place
Boston, MA 02210

DEADLINES:
Mail-in Deadline: Monday, October 7, 2013
Online Deadline: Sunday, October 13, 2013, at 9:00 a.m.
Race Day Registration: Registration is available from 7:00-11:00 a.m. on the Boston Common
Name on Bib Number Deadline: Must receive application by September 9, 2013