

Doctors for United Medical Missions (DrUMM) • P.O. Box 13536 • Silver Spring, MD 20911

Phone: (202) 829-1828 Fax: (410) 310-1334 E-mail: mcm@healingdrumm.org

"ANSWER THE CALL OF THE HEALING DRUM."

In Partnership
with the Marine
Corps
Marathon



Marine Corps Marathon DrUMM Team Registration Form

Please fill out completely and mail to: DrUMM, P.O. Box 13536, Silver Spring, Maryland 20911
Forms using credit cards may fax to: (410) 310-1334

Registrant Information:					
Last Name			First Name	Middle Init.	
Sex	M	F	Date of Birth	T-Shirt Size	S M L XL XXL
Evening Phone			Daytime Phone		
Fax Number			E-mail Address		
Company / Organization			Occupation / Title		
Street Address			Suite / Apartment	Please use your mailing address.	
City			State		
Zip Code					

Registration Details:					
Race Category	<input type="checkbox"/> Marathon (26.2 miles) (Fundraising commitment: \$2000.00.) <input type="checkbox"/> 8K (~4.97 miles) (Fundraising commitment: \$1000.00.)				
Registration Fee	A \$100 non-refundable registration fee must be submitted with this registration form. Please note that this fee does not apply towards your required fundraising commitment.				
Payment Method	<input type="checkbox"/> I have enclosed a \$100 check, made payable to: Doctors for United Medical Missions (DrUMM). <input type="checkbox"/> I have included credit card information below and authorize DrUMM to charge \$100 to the specified credit card.				
Credit Card Type	VISA MC AMEX	Credit Card Number			Exp Date
Signature					

Agreement Information					
<p>I understand that it is my responsibility to raise the fundraising commitment amount corresponding with my selected race category for Doctors for United Medical Missions (DrUMM) by ten (10) days prior to the event, inclusive, in order to participate in the Marine Corps Marathon with DrUMM. I may complete the balance of my fundraising commitment by making my own contribution. I understand that all pledges processed by DrUMM are non-refundable, even if I do not participate with the DrUMM team. I understand that I must be 18 years or older to participate in this event. Having read this agreement information, I understand and agree to the above.</p>					
Print Name of Registrant			Signature of Registrant	Date	

NOTICE: DrUMM is looking for volunteers for the day of the Marathon and other ongoing efforts.

Please contact me to discuss volunteering for DrUMM efforts.

Visit us on the Web: <http://www.healingdrumm.org>

register.pdf