



## 2010 Medtronic Twin Cities Marathon Faces in the Crowd Application

Twin Cities In Motion is looking for unique, inspiring and newsworthy stories about why you have chosen to participate in the Medtronic Twin Cities Marathon on Sunday, October 3. By completing and signing this form, you grant us permission to allow the media and our office to contact you. Your story may be published, profiled in the *Mile Marker* email newsletter, or shared with the media. Please complete this form thoroughly and include a paragraph or two of why you are running.

Forms should be emailed, faxed or mailed **by September 15** to: Medtronic Twin Cities Marathon Faces in the Crowd, C/O Twin Cities In Motion, 4050 Olson Memorial Highway, Suite 26.2, Minneapolis, MN 55422. Fax #: 763-287-3889, email: [kristine@mtcmarathon.org](mailto:kristine@mtcmarathon.org)

(Please Print)

**Name:** \_\_\_\_\_

**Age on October 3, 2010:** \_\_\_\_\_

**Gender:** M / F      **Occupation/ Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**What is the name of your local/neighborhood newspaper?** \_\_\_\_\_

**How many marathons have you completed?** \_\_\_\_ None yet! \_\_\_\_\_

**How many Medtronic Twin Cities Marathons?** \_\_\_\_\_

**What was your best marathon time?** \_\_\_\_ hours \_\_\_\_ minutes at the \_\_\_\_\_ (event name).

**Why are you running the 2010 Medtronic Twin Cities Marathon?**

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*For additional space, please continue writing on the on the reverse side.*

I hereby grant to Twin Cities In Motion, together with its agents, successors, assigns, employees, contractors, volunteers, and any media organization, the right to use my name and story, including but not limited to any oral or written reports, photographs, videotapes, motion pictures, autobiographical literature, recordings, or any other record thereof, for any purpose. I have read the foregoing and certify my agreement by my signature below.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**