

Signature (Parent/Guardian if under 18)

REGISTRATION FORM | Half Marathon Training Team TRAINING BEGINS AUGUST 8 & 9, 2026

1	
First Name	Last Name
street Address	
ity	State Zip
elephone Number Date of E	Predicted Finish Time:
-mail ddress:	
Unisex Long Sleeve Technical Race Shirt XXS XS S M L XL	XXL or OPT OUT Race Day technical Shirt Cut: Unisex Singlet Ladies Singlet
Inisex Cotton/Polly Blend T-Shirt Size: XS S M L XL X	XXL XXXL or OPT OUT Race Day technical Shirt Size: XS S M L XXL Or Opt On
Payment Method: Cred	lit Card Number:
	ration Date:/ Zip Code: Security Code: transactions
,	will incur a 5% processing fee.
What training level are you? Please check only one (based on milage name). Novice (Run 2-4 days & 15 or less miles per week)	not speed).
Novice (Run 2-4 days & 15 or less miles per week) Intermediate (Run 3-5 days & about 18-25 miles per week) Walking Team (Saturday Only) Virtual (Train on your own) This training team has a NO refund policy, even in the case of a race cance ransfer your entry to another person. NO EXCEPTIONS. Photo/Film Release: Y	PHONE NUMBER Ellation, event format changes, postponement, and/or if you are unable to participate. You may not your image, motion picture, recording, or any other record of this event may be used for future old. If you are under the age of 16, you must have a parent/guardian present for all training runs.
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email it to info@sportsbackers.org

Date

info@sportsbackers.org | www.richmondmarathon.org | (804) 285-9495

if applicable, to the Sports Backers office located at 4921 Lakeside Avenue, Henrico, VA 23228. Or