



American Heart Association.

NYC Heart & Stroke MARATHON TEAM

# TCS New York City Marathon Charity Runner Information Application

## 2019 Team Heart & Stroke

Please complete the following information and return to Desiree Cooper at [desiree.cooper@heart.org](mailto:desiree.cooper@heart.org).

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\*Addresses are used for distribution of team shirts. If you prefer, an AHA staff member will contact you for your address at a later date.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Is this your first time running a marathon?  Yes  No

Is this your first time running for the AHA?  Yes  No

Are you a heart disease/stroke survivor?  Yes  No

Why do you want to join *Team Heart & Stroke*? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Running Tank: Women's Cut or Men's Cut? \_\_\_\_\_

Running Tank: Size S, M, L, XL? \_\_\_\_\_

Check here to acknowledge your interest in being highlighted via AHA/ASA social media platforms.