9th Auroville Marathon February 14, 2016

General Instruction

- Participants must be above 18 years to participate in the full and half marathon categories.
- Registration closes on December 27, 2015. Only forms received during this time period will be considered for the event.
- The organisers reserve the right to reject any application without providing reasons. Any amount collected from rejected applications alone will be refunded in full.
- Registrations are not transferable.
- No funds of the registration amount will be returned in case a runner chooses to cancel his/her paid registration.
- Participants must personally appear for collecting the running bibs with a valid photo ID. Bibs can be collected in-absentee for a friend with his/her signed written consent and a copy of a valid photo ID of the registered runner for whom the bib is picked up.
- If cheques/drafts/Cash are not received within 5 days from the date of registration, the application stands automatically cancelled.

Payment Information

Please Tick and add to the TOTAL Please Tick the size of T- Shirt if opted

1	Registration (Rs.650				
	residing in vi					
2	Pasta Dinner	Rs.300				
3	Race Day Transportation Charges					Rs.200
4	T-Shirt	Rs.200				
5	Donate a T-Sl	Rs.200				
6	TOTAL					
7	T-Shirt Size	XXL	XL	L	M	S

All cheques / Drafts must be in favour of "**Auroville Maintenance**" and must be posted to:

Auroville Marathon

SaraCon Campus, Kottakarai Irumbai Post,

Auroville – 605111 Tamil Nadu

Cash to reach the above address within 5 days from the date of registration

Personal Information				
First Name				
Last Name				

Date of Birth		Sex (tick)	M	F					
Category (tick)	1. Aurovilian 2. Villages around	` '							
Aurovilian – People permanently residing in Auroville. Also includes Newcomers BUT not									
Guests. <i>Villages Near Auroville</i> – People residing in Edayanchavadi, Kuilapalayam, Alankuppam,									
Sanjeevi Nagar and Kottakarai ONLY.									
<i>Ashramite</i> – People residing permanently in Sri Aurobindo Ashram, Pondicherry									
Address									
City/Town/Villae									
Country		Pincode							
Contact Number		E-mail							
Emergency Information									
Contact Name									
Relationship									
Contact Number									
Event Information	Event Information (Tick the one you wish to run and Cross the others)								
Run Event (tick)	1. The Marathon (42.195Km)	2. Half Marathor	n (21.1Km)	3. 10K					
Training Information									
Maximum									
Distance Run									
Venue/Event			Year						
Medical Information	on								
Blood Group									
HB Count									
Do you have any C									
If yes, please specify									
	High Blood Pressure (BP)?								
If yes, please specif									
	any heart-related ailments?								
If yes, please specify									
	any ailments affecting your								
	If yes, please specify								
Do you suffer from	any ailments affecting you								
breathing? If yes, p									
Did you undergo a	ny medical treatment for high								
blood pressure or for any heart conditions or									
breathing problems? If yes, please specify									
Did you have any fainting episodes in past?									
If yes, please specify									
Any known allergies? If yes, please specify									
Disclaimer									
and health. I take full responsibility for participating in the race and do not hold organizers responsible									
for any injury or acc	cident. I have filled in above questi	onnaire on my me	dical condition as	requested by					
	s to assist them in case of an emerg	•							

Signature

Date: Place: