

**Run for the Girl Scouts of Greater New York**

2025 TCS NEW YORK CITY MARATHON

Sunday, November 2, 2025

**Send completed applications to Patrick Tekula**

**Email:** [ptekula@girlscoutsnyc.org](mailto:ptekula@girlscoutsnyc.org)

**Mail:** Girl Scouts of Greater New York, Attention: TCS NEW YORK CITY MARATHON

40 Wall Street, Suite 708, New York, NY 10005

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on 11/2/2025: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_

Does your company have an employee matching gifts program: Yes \_\_\_\_ No \_\_\_\_  
Will you allow GSGNY to share your photos/information through social media? Yes \_\_\_\_ No \_\_\_\_  
Twitter Handle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facebook name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instagram Handle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever participated in a charity running program before? Yes \_\_\_\_ No \_\_\_\_

If so, for which race, charity and how much money did you raise?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your ideas for raising these funds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you committed to raising a minimum of $3,000 for GSGNY? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

**Running Experience:**

Are you an active runner? Yes \_\_\_\_ No \_\_\_\_ Best or Anticipated pace? Min \_\_\_\_\_ Sec \_\_\_\_

What race distances have you run? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you a member of New York Road Runners (NYRR)? Yes \_\_\_\_, # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_

How did you learn about the Girl Scouts of Greater New York? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why do you want to run for the Girl Scouts of Greater New York? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**FUNDRAISING**

As a runner for Team Girl Scouts NYC for the 2025 TCS New York City Marathon, you agree to meet our fundraising goal of $3,000. You will be responsible for your entry fee to New York Road Runners (NYRR).

In the event that you do not meet the minimum donation requirement by November 30, 2025, the Girl Scouts of Greater New York will ask for credit card information and charge the balance owed to your credit card on the week of December 1, 2025. If you need to make arrangements, please contact Patrick Tekula at [ptekula@girlscoutsnyc.org](mailto:ptekula@girlscoutsnyc.org) in writing, on or before November 30, 2025.

**MATCHING GIFTS**

Many companies match employees’ charitable contributions. We encourage you to check with your employer to see if your company has a matching gift program, and ask your donors if their employers match gifts. It is your responsibility to contact the matching gift company to ensure the matching gift form will be issued.

**AGREEMENT**

*By signing below, you agree to the terms below.*

In accepting this entry, I hereby claim responsibility for myself, and waive and release any and all rights to claim for damages, losses, costs, expenses, injuries, and liabilities resulting from or in connection to my participation with Team Girl Scouts NYC.

I agree that I am in good physical condition and am able to safely participate in this event, and am fully aware of the risks and hazards inherent in participating. I grant the Girl Scouts of Greater New York permission to use my name and photograph in broadcasts, newspapers, brochures and other media without compensation.

I agree to abide by the rules of the NYRR, including Rules of Competition, as stated in all NYRR official race information.

I accept the responsibility to raise and collect a minimum of $3,000 for the Girl Scouts of Greater New York by November 30, 2025, and understand that the entry fee paid to NYRR is non-refundable and non-transferable. If I have not reached the minimum in sponsorship by that date, I will be personally responsible for the balance owed.

I agree that if the race cannot be held for any unforeseen circumstance or I cannot participate in the race, any funds raised by me will not be refunded.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name, Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**CREDIT CARD INFORMATION**

Name as Appears on Card:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type: (please circle) AmEx Visa MasterCard Discover

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code (3 digits on back or 4 digits on front): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_