

2011 Tri-City Medical Center Carlsbad Marathon & Half  
ELITE ATHLETE  
INFORMATION FORM

Athletes full name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Social security number: \_\_\_\_\_

Email address: \_\_\_\_\_

Day phone (with area code): \_\_\_\_\_

Country of origin: \_\_\_\_\_

Best finish times within past 24-months (event name and finish time):

Marathon: \_\_\_\_\_

Half Marathon: \_\_\_\_\_

10K: \_\_\_\_\_

5K: \_\_\_\_\_

Please list any past performances at the Carlsbad Marathon or Half Marathon:  
(Year and finish time):

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

Agent: \_\_\_\_\_

Please provide any information regarding your proposed travel plans (if applicable):

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

Email this completed form to [lynn@inmotionevents.com](mailto:lynn@inmotionevents.com) or fax to 760.692.2901.  
Questions call 760.692.2900