



For Marathon Office
Use

Assignment:

Donation: \$

Cincinnati Flying Pig Marathon 2017 Non-Profit Registration Form Volunteer Group

Please complete all 3 sections of this form and mail to the address at the bottom of page 2.

For Flying Pig Marathon Website Listing:

Name of Charity/Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number _____ E-mail _____

Website _____ Fax number _____

Representative Name (optional) _____

What is the purpose/mission of your organization? _____

What is the age range of your volunteers? _____

Estimated number of volunteers your group can provide? _____

**Assignment Preference # 1 _____

**Assignment Preference # 2 _____

**Assignment Preference # 3 _____

Continue to next page.....



Cincinnati Flying Pig Marathon
2017 Non-Profit Registration Form
Volunteer Group

For Donation Details:

Organization Name for Donation Check _____

Attention: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number or email address (in case we need to contact) _____

For Volunteer Communications:

Volunteer Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number _____ Cell number _____

E-mail _____

Return both pages of this form along with proof of non-profit status to:

Cincinnati Flying Pig Marathon
644 Linn Street, Suite 626
Cincinnati, OH 45203
Fax: 513-381-1484
E-mail: jeanette@flyingpigmarathon.com