



**2010 Minneapolis Marathon Participant Bag Insert**

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Brief Description of Product or material to be stuffed: \_\_\_\_\_  
\_\_\_\_\_

To reserve your place for in the Minneapolis Marathon participant bag:

1. Complete application above
2. Enclose payment of **\$600** (Check or Credit Card) payable to: Team Ortho Foundation  
\*\*Non-profit **\$400**
3. Send completed application to address below no later than: **May 7, 2010**
4. Send materials for **10,000** participants to address below not later than: **May 14, 2010**

Questions Contact: Erik Lindstrom – 612-746-1364 – email: [teamorthoerik@gmail.com](mailto:teamorthoerik@gmail.com)

To pay by Credit Card: Name on Card: \_\_\_\_\_ Type: \_\_\_\_\_  
Card # \_\_\_\_\_ Exp: \_\_\_\_\_



Team Ortho Foundation - 1170 15<sup>th</sup> Ave SE #307 – Minneapolis – MN - 55414