



\$5 Award Mail-out Fee

www.towpathtrilogy.com

First Name _____ Last Name _____
Street _____ City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____ Email _____
Signature _____ Date _____

RACE LENGTH: (please circle one)

Half Marathon

3-Miler

5-Miler

Please include a brief description of the award you are entitled to below. (Example: Age Division Winner, 2nd place – Male 20-24)

PAYMENT: (check one) Check *MasterCard *Visa *AmEx *Discover Cash

Credit Card Number _____

Exp Date _____ 3 digit code _____

Print Name on Account _____

Signature _____

Please make checks payable to Canalway Partners and mail to:

Canalway Partners / PO Box 609420, Cleveland, Ohio 44109 Phone: 216-520-1825 Fax: 216-520-1833

E-Mail: Kathy Cole – kcole@canalwaypartners.com

*Note: credit card orders are charged an additional \$2 per transaction