

TOWPATH TEN TEN



Award Mail-out Form

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

RACE LENGTH: (please circle one)

10 K

10 Miler

Enter Age Division _____

***Please note at the top of this form if you are an overall fastest male or female in your age division, masters included.**

Award Mailing Fee = \$7.00

PAYMENT: (check one) ___Check___ *MasterCard___ *Visa___ *AmEx___ *Discover___ Cash

Credit Card Numbers: _____ Exp Date _____

Print Name on Account _____ 3 Digit Code _____ Zip Code _____

Signature _____

Please make checks payable to Canalway Partners.

Snail Mail: Canalway Partners / PO Box 609420 / Cleveland, Ohio 44109

Fax: 216-520-1833

E-Mail: Julie Scriarrino julie@canalwaypartners.com