



\$7 Award Mail-out Fee

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

RACE LENGTH: (please check one)

Half Marathon _____

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

Email: Julie Sciarrino at julie@canalwaypartners.com