

**Myrtle Beach Mini Marathon™
Award Request Form**

***PLEASE NOTE:** Awards are given to the **TOP 3** in each Age



Please mail request form with payment to: Myrtle Beach Mini Marathon™
Attn: Awards
PO Box 56-1154
Miami, FL 33256-1154

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ (circle one) **mobile work home**

Email: _____

Race you registered for:

___ Half-Marathon

___ 5-K

Age Group Division: _____

Gender: _____ Male _____ Female

Place: _____ 1st Place _____ 2nd Place _____ 3rd Place

SHIPPING AND HANDLING: \$4.00
PAYMENT: **CHECKS ONLY**
CHECK #: _____

Make checks payable to **Continental Event and Sports Management Group LLC*

Please allow 2-3 weeks for processing and delivery.