



AWARD MEDAL REQUEST FORM

***PLEASE NOTE: Awards are given to the TOP 5 in each Age Division**

Please mail request form with payment to: 13.1 Marathon – Chicago
Attn: Awards
13795 Oakwood Court
Carmel, IN 46032

RACE: _____

DIVISION: _____ PLACE: 1ST 2ND 3RD 4TH 5TH
(Circle ONE)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ - _____

SHIPPING AND HANDLING: _____ \$4.00

PAYMENT: CHECKS ONLY

CHECK #: _____

*Make checks payable to *Vision Event Management**
Please allow 2-3 weeks for processing and delivery.