

# Divas Half Marathon Series™ Award Request Form

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



Please mail request form with payment to: Continental Event & Sports Management LLC  
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

**Event Location:**

Long Island, NY  
 Honolulu, HI  
 Vail, CO  
 San Juan, PR

**Age Group Division:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Place:** \_\_\_\_\_ 1<sup>st</sup> Place \_\_\_\_\_ 2<sup>nd</sup> Place \_\_\_\_\_ 3<sup>rd</sup> 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.\**