

# Cash Award Claim Form

Race date: April 27, 2024

Congratulations on winning a cash award for the 2024 Christie Clinic Illinois Race Weekend

**Event:** Marathon                      **Division:** Overall                      **Gender:** Male  
                    Half Marathon                      Master                      Female

**Bonus:** Course Record

**First IL** Male / Female

**Place:** 1            2            3                      **Prize:** \_\_\_\_\_

To claim the cash award, please provide the information requested below and return the form to the Christie Clinic Illinois Race Weekend at the address below. In addition to the information below, race organizers are required to collect an additional IRS form from you if you meet any of the following criteria:

<b>IRS Form</b>	<b>Required from:</b>
W-9	U.S. citizens/resident aliens who receive \$600 or more in total payments
W-8ECI	Nonresident aliens who claim they are engaged in a trade or business in the U.S. and that the prize money is effectively connected to that trade or business
W-8BEN	Nonresident aliens who do not claim that they are engaged in a trade or business in the U.S.

Complete instructions are provided on each of the forms. The forms can be downloaded at [www.irs.gov](http://www.irs.gov). If you need information about which form to complete, please contact a financial advisor. Christie Clinic Illinois Marathon staff and officials cannot provide advice in this regard.

Cash awards are subject to verification by the race director and officials. Upon verification of race results and receipt of complete information, a check will be mailed to the address you provide on this form.

Name \_\_\_\_\_ Bib # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_



*2024 Race Weekend*

PO Box 262, Champaign IL 61824

217/369-8553

or email to: [director@illinoismarathon.com](mailto:director@illinoismarathon.com)