

Cash Award Claim Form

Race date: April 24, 2027

Congratulations on winning a cash award for the 2027 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:

IRS Form	Required from:
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. 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 _____



2027 Race Weekend

PO Box 262, Champaign IL 61824

Race hotline: 217/902-1538

or email to: director@illinoismarathon.com