

2027 Illinois Race Weekend Elite Athlete Application



Race Considerations (please choose one event) Marathon Half Marathon

Please print

Name (include middle initial) _____

Mailing Address _____

City _____ State/Province _____

Postal Code _____ Country _____

E-mail Address _____

Phone (day, evening, cell) _____

Date of Birth ____/____/____ Age (on April 24, 2027) ____ Male Female

Sponsor/Team/Agent/Coach (if applicable) _____ Phone _____

Citizenship _____ Occupation _____

Local Newspaper Contact _____

Best times for the events below (within the last two calendar years)

Distance	Finishing Time	Place	Race Name	Date
5K				
10K				
Half Marathon				
Marathon				
Other distances				

Education (degree/year/school) _____

Please share any information that may be useful for human interest or motivational stories _____

Complete this form and email it to Julie Mills at julmills@gmail.com
If you have questions, contact Julie at (217) 778-8161.

Thank you for your interest in our Race Weekend. We will contact you shortly to let you know of your status for the 2027 event.