



2011 Race Deferral Form

All race deferral requests must be accompanied by payment of the **\$10 Deferral Fee** (check or money order ONLY, made payable to Illinois Marathon).

Please print clearly. Incomplete requests will not be considered.

All deferral requests must be postmarked by April 23, 2011. NO EXCEPTIONS.

Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ E-mail _____

I hereby authorize the Illinois Marathon to defer my 2011 race registration to 2012. I have checked the appropriate race information below.

Signature _____ Printed Name _____

Mark with an X the race you are deferring.

- 5K Run/Walk
- 10K Run
- Half Marathon
- Marathon
- I-Challenge Half
- I-Challenge Full

Submit payment and completed form to

Christie Clinic Illinois Marathon
PO Box 262
Champaign IL 61824