

Race Fee Reimbursement Request

Name of Marathon Team Member: _____

Address: _____

Name of Race Completed: _____

Total Funds raised and submitted to NGF: _____

Date of Race: _____

Location of Race: _____

Amount of Race Fee: _____

Please attach Race Fee Receipt (Required).

For office use only:

Date reimbursement request received: _____

Date request approved: _____

Date check mailed: _____