



2026

MRA NATIONAL EXCELLENCE AWARD

APPLICATION FORM

Name of Applicant: _____

MRA #: _____ Ath MB #: _____ Date of Birth: _____

Gender: Man Woman

E-mail Address: _____

Submitted Result(s) - must be an official result from 2026 run on an AC certified course:

- 5k Time: _____

Name of Event: _____

- 10k Time: _____

Name of Event: _____

- Half Marathon Time: _____

Name of Event: _____

- Full Marathon Time: _____

Name of Event: _____

Signature: _____

Date: _____