

RACE PACKET PICK-UP AUTHORIZATION FORM

(Runner's full name)

--	--	--	--	--

(Race bib number)

I authorize the following individual to be issued my race packet in my absence:

(Please print full name of authorized individual)

(Name of Event)

My representative is aware that they must present a photo ID, my e-card confirmation and this form in order to receive my race packet and premiums.

(Signature of Race Participant)

(Signature of Authorized Individual)

