

PACKET PICK-UP AUTHORIZATION FORM



Event Name

Runner's Full Name

Please Print

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

Full Name of the Authorized Individual

Please Print

My representative is aware that he/she must present the following in order to receive my race packet and swag:

- His/her own photo ID
- This form

Signature of Race Participant

Date

Signature of Authorized Individual

Date

