



PACKET PICK UP AUTHORIZATION FORM

Runner's Full Name

Bib Number (if pre-assigned)

I authorize the following individual to pick up my packet/bib number:

Authorized Individual Full Name

The authorized individual is aware that he or she must present his or her own photo ID, this printed/signed authorization form, and a copy of my photo ID in order to receive my race packet/bib number.

Signature of Race Participant

Signature of Authorized Individual