

RACE PACKET PICK UP AUTHORIZATION FORM

Runner's Full Name	Bib Number
I authorize the following individual to pick up my race packet/bib nun	nber:
(Please print full name of authorized individual)	(Name of Event)
The authorized individual is aware that he or she mu	
printed/physical authorization form, and a copy of n in order to receive my race packet/bib number.	ny photo iD (either text/email/or photocopy
(Signature of Race Participant)	(Signature of Authorized Individual)