

PACKET PICK-UP AUTHORIZATION FORM



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

Please check the box for the race packet you need picked up:

Half Marathon

Alumni 5K

Fun Run

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
- My registration confirmation
- This form

Signature of Race Participant

Date

Signature of Authorized Individual

Date



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