## 2015 Air Force Marathon Bib Pick-Up Authorization Form

_	(Plea:	se print your full name)	
	nave made every effort to pick up my own nable to do so. I authorize:	race packet at the Sp	orts and Fitness Expo, and I am
_	(Print full name of individua	al you are authorizing to pick up	o your packet)
	pick up my race packet and premiums fo me anave provided:		
	(	RACE ANI	D BIB NUMBER
1.	, i i i i i i i i i i i i i i i i i i i		
2.	This signed authorization	Race	Bib Number
pa pa	y representative is aware that he/she must pre- acket and premiums. My representative is also ackets, including his/her own. I understand that worn by the registrant to whom they have be	aware that he/she will but bib numbers are non-tr	e limited to picking up four total
	Signature of authorizing individual	Signature	e of individual being authorized