## 2019 Air Force Marathon Bib Pick-Up Authorization Form

(Please print your full name)		
I have made every effort to pick up my own unable to do so. I authorize:	າ race packet at the Spo	orts and Fitness Expo, and I am
(Print full name of individu	ual you are authorizing to pick up	o your packet)
to pick up my race packet and premiums for me	e at the 2019 Air Force Ma	arathon Sports and Fitness Expo.
nave provided:  RACE AND BIB NUMBER		
	RACE ANI	D BIR MOMBER
A copy of my picture Identification     This gives all paths are atting.		
2. This signed authorization	Race	Bib Number
My representative is aware that he/she must present a copy of his/her picture ID in order to receive my race packet and premiums. My representative is also aware that he/she will be limited to picking up four total packets, including his/her own. I understand that bib numbers are non-transferable once assigned and must be worn by the registrant to whom they have been assigned.		
Signature of authorizing individual	Signature	e of individual being authorized