## 2017 Air Force Marathon

## Bib Pick-Up Authorization Form

_				
	(Please print your full name)			
	ave made every effort to pick up my own race able to do so. I authorize:	packet at the S	Sports and Fitness Expo, and I am	
_	(Print full name of individual you ar	e authorizing to pic	k up your packet)	
	pick up my race packet and premiums for me at the ave provided:	2017 Air Force	Marathon Sports and Fitness Expo.	
		RACE AND BIB NUMBER		
1. 2.				
۷.	This signed authorization	Race	Bib Number	
pa pa	representative is aware that he/she must present a cket and premiums. My representative is also aware ckets, including his/her own. I understand that bib n worn by the registrant to whom they have been ass	e that he/she wi umbers are nor	Il be limited to picking up four total	
	Signature of authorizing individual	Signat	ure of individual being authorized	