

PACKET PICK-UP AUTHORIZATION FORM



Runners Full Name

Please Print

Full Name of Authorized Individual

Please Print

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

CHRISTMAS TOWN DASH 8K

DASHER 1/2 MILE

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**
- **This form**

Signature of Race Participant

Date

Signature of Authorized Individual

Date