



PACKET PICK UP AUTHORIZATION FORM

(Please print your full name)

I have made every effort to pick up my own race packet and I am unable to do so. I authorize:

(Print full name of individual you are authorizing to pick up your packet)

to pick up Take A Step For Your Heroes 5K race packet. I have provided:

1. a copy of my driver's license or picture identification, and
2. this signed authorization

My representative is aware that he/she must present a copy of their driver's license or picture identification in order to receive my race packet. He/she will be limited to picking up five total packets including their own.

(Signature of registered runner unable to pick up packet)

(Signature of person picking up packet)