



# Chickamauga Battlefield Marathon, Half Marathon, Jr Marathon & Fort Oglethorpe 5K

## Packet Pickup Authorization Form

Please attach copy of authorized pick up individual's photo ID and each runner's photo ID to authorization form.

\_\_\_\_\_ is authorized to pick up my packet on my behalf.  
Signature of authorized individual

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_