PACKET PICK-UP AUTHORIZATION FORM

**MILES FOR SMILES 5K RUN/WALK**

**APRIL 4, 2020 – 9:00am**

(PRINT your name)

I am unable to pick up my runner packet prior to my race for the Miles for Smiles 5K Run/Walk.

I therefore authorize

(PRINT name of individual picking up your packet)

to pick up runner packet and any premiums (t-shirt, flyer, etc.) for me. I have also included a copy of my photo identification for them to present along with this form at packet pick-up.

My representative is aware that they will also need to present their own photo ID in order to pick up my packet and premiums.

Signature of Authorizing Individual

Signature of Individual being Authorized