

SPACE FORCE  
T-MINUS 10-MILER

# 2024 Bib 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 my race packet and premiums for me at the 2024 Space Force T-Minus 10-Miler. I have provided:

1. A copy of my government issued identification
2. This signed authorization

\_\_\_\_\_  
Bib Number

My representative is aware that he/she must present a copy of his/her picture ID in order to receive my race packet and premiums. My representative is also aware that he/she will be limited to picking up four total packets, including his/her own. I understand that bib numbers are non-transferable once assigned and must be worn by the registrant to whom they have been assigned.

\_\_\_\_\_  
Signature of authorizing individual

\_\_\_\_\_  
Signature of individual being authorized