

SPACE FORCE
T-MINUS 10-MILER

2025 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 2025 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