



Coastal Delaware Running Festival

Delaware's Coolest Marathon

PACKET PICK UP AUTHORIZATION FORM

Runner's Full Name



Bib Number

**I authorize the following individual to pick up my
race packet/bib number.**

(Please print full name of authorized individual)

**The authorized individual is aware that he or she must present
his or her own photo ID, this printed/physical authorization form,
and a copy of my photo ID (either text/email/or photocopy) in
order to receive my race packet/bib number.**

Signature of Race Participant

Signature of Authorized Individual