



N.O. LIMITS

HALF MARATHON & 5K

WITHDRAWL/TRANSFER FORM

I would like to:

TRANSFER RACES -SAME RUNNER

WITHDRAW FROM RACE

TRANSFER RACES - NEW RUNNER

SAME RACE - NEW RUNNER

YOUR INFORMATION

First Name: _____

Last Name: _____

Birthdate (MM/DD/YYYY): _____

Gender: ____ M ____ F

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Shirt Size: ____ YM ____ YL ____ S ____ M ____ L ____ XL ____ XXL

Registered for: _____ Half Marathon _____ 5K

NEW RUNNER INFORMATION - IF APPLICABLE

First Name: _____

Last Name: _____

Birthdate (MM/DD/YYYY): _____

Gender: ____ M ____ F

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Shirt Size: ____ YM ____ YL ____ S ____ M ____ L ____ XL ____ XXL

Registered me for: _____ Half Marathon _____ 5K

SIGN BELOW ONLY IF TRANSFERRING TO A NEW RUNNER

By signing below, I hereby Authorize the North Ogden City to transfer my race registration to the person listed to the right.

Signature: _____

Date: _____

In consideration of this entry, I waive any and all claims for myself and my heirs against North Ogden City, officials or sponsors, of the "N.O. Limits Half Marathon & 5K" for injury or illness which may directly or indirectly result from my participation. I further state I am in proper physical condition to participate in this event, and am an amateur runner/walker.

Signature: _____

Date: _____

WITHDRAWL/TRANSFER FORM

TRANSFER FEE: \$5.00

WITHDRAWAL FEE: \$10.00

A check, PAYABLE TO NORTH OGDEN CITY, for the TOTAL DUE is enclosed

Please charge my ____ VISA ____ MC ____ AMEX ____ DISCOVER

CARD NUMBER: _____

EXP. DATE (MM/YYYY): _____

By providing this information, you agree to pay the above total amount according to the card issuer agreement.

I represent and warrant to North Ogden City that I have full legal authority to complete this event registration, transfer or withdrawal, including full authority to make use of the credit or debit card to which registration fees will be charged.

Signature: _____

Date: _____