



## Switching Relay Participant Request Form

Date of Request \_\_\_\_\_

Name of registered participant \_\_\_\_\_

Team Name \_\_\_\_\_

Name of new Participant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

T-shirt Size \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact phone number \_\_\_\_\_

Switching fee is \$10.

Method of Payment:

I have enclosed check for fee.

Charge this credit card number for fee. \_\_\_\_\_

Name as appears on card \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Mail completed form to:

Cincinnati Marathon  
644 Linn Street Suite 626  
Cincinnati OH 45203