


2009 Change Form

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____ City: _____ State: _____
 Daytime Phone: _____ Email: _____

Event/Race Changes
 (\$10 Fee – Allowed Until September 19, 2009)

Switch From → → → <i>(circle one)</i> Marathon Half Marathon 13.1 Mile Walk (Competitive or Non-Competitive) 5k Run/Walk	Switch To <i>(circle one)</i> Marathon Half Marathon 13.1 Mile Walk (Competitive or Non-Competitive) 5k Run/Walk
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PLEASE NOTE:

There will be a \$10 fee to change from one race to another race plus any additional race fees if you are changing to a higher priced race. When changing from a shorter distance race to a longer distance race applicable fees must be paid before the change will be made. Refunds will not be made when changing from a longer distance to a shorter distance.

Division Changes (No Fee)

Switch From → → → <i>(check one)</i> <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <u>13.1 Mile Walk</u> <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <u>Relay Marathon</u> Team Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed <input type="checkbox"/> Corporate	Switch To <i>(check one)</i> <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed <input type="checkbox"/> Corporate
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Transfer Your Entry to Another Participant
 (\$10 Fee – Must be Done By August 31, 2009 – NO EXCEPTIONS!)

Race YOU are signed up for: _____

You are Transferring Your Race Entry To: _____
(Include a full race application for the new person)

PLEASE NOTE:

There will be a \$10 fee to transfer your entry to another participant. You must transfer your entry to a participant in the same race as you are registered for at the time of the transfer. If you transfer to a different event and to another person, you will be assessed a \$10 fee for each change, plus any applicable race fees. All participant-to-participant transfers must be completed by August 31, 2009 and will NOT be accepted after this date.

Registration changes will NOT be processed until a signed change form and additional funds are received.

I hereby authorize the aforementioned changes to my 2009 Community First Fox Cities Marathon Festival of Races Registration (Marathon, Half Marathon, 13.1 Mile Walk, 5K Run/Walk, Relay Marathon). I understand that changes to my registration will not be made until this form and proper payment are received by race headquarters.

Participant Signature

Date

1 Send form and check to:
 Community First Fox Cities Marathon
 P.O. Box 1315
 Appleton, WI 54912-1315

OR

2 Call 1-877-230-7223 with Credit Card Number & Fax Form to (920) 830-0921 or mail form to above address.

OR

3 Fill in your VISA or MasterCard credit card information here:

Credit Card Number

____/____ Credit Card Expiration Date

Name on Credit Card

After completing the form (including credit card information), send the completed form to the above address.

If you have any questions, please call us at 1-877-230-7223 or (920) 830-9499.

Date Received _____

Approved By _____