



REGISTRATION CHANGE FORM

September 15-16, 2017

YOUR NAME AS IT APPEARS ON CURRENT REGISTRATION

LAST NAME	SUFFIX	FIRST NAME	M.I.
DUE BY 3:00 p.m. SEPT 1, 2017			
RACE THAT YOU ARE CURRENTLY REGISTERED FOR (CHECK ONE BOX BELOW)			
FULL MARATHON	<input type="checkbox"/>	HALF MARATHON	<input type="checkbox"/>
		10K	<input type="checkbox"/>
			5K <input type="checkbox"/>

PLEASE CHANGE MY CURRENT REGISTRATION TO

CHECK ONE OF THE BOXES BELOW

FULL MARATHON	<input type="checkbox"/>	HALF MARATHON	<input type="checkbox"/>	10K	<input type="checkbox"/>	5K	<input type="checkbox"/>
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If you would like to change races, you will be charged a \$15 fee plus other applicable charges. You must sign and submit this form by email (usaf.marathon@us.af.mil), fax (1-937-656-1000), or mail (88 ABW/CVM, 5030 Pearson Rd. Bldg. 219, room 106, WPAFB, OH 45433). **Your form MUST BE RECEIVED NOT LATER THAN 3:00 p.m. on September 1, 2017.** Please provide the information requested below and we will contact you regarding payment. You must submit this form before the race sells out. The Marathon office must have a signed copy of this form and payment on file before any race changes will be processed. If you have any questions, please call 1-800-467-1823.

Signature: _____ Phone: _____ Date: _____

RACE CHANGE FEES - SUBJECT TO AVAILABILITY

FROM	TO	IF AVAILABLE
FULL MARATHON	HALF/10K/5K	VARIES, CONTACT THE MARATHON OFFICE
HALF MARATHON	10K/5K	VARIES, CONTACT THE MARATHON OFFICE
10K	5K	VARIES, CONTACT THE MARATHON OFFICE
HALF MARATHON	FULL MARATHON	VARIES, CONTACT THE MARATHON OFFICE
10K	FULL MARATHON	VARIES, CONTACT THE MARATHON OFFICE
10K	HALF MARATHON	VARIES, CONTACT THE MARATHON OFFICE
5K	FULL MARATHON	VARIES, CONTACT THE MARATHON OFFICE
5K	HALF MARATHON	VARIES, CONTACT THE MARATHON OFFICE
5K	10K	VARIES, CONTACT THE MARATHON OFFICE

REGISTRATION FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE
 For more information call 1-800-467-1823 or visit our web site www.usafmarathon.com

STAFF USE BELOW

AMOUNT PAID						
FORM OF PAYMENT	CASH	CHECK	MONEY ORDER	MASTERCARD	VISA	
STAFF MEMBER SIGNATURE	_____					