TEAM ORTHO FOUNDATION

Race Change / Deferral Form

General Information

Last Name _____ First Name _____ MI ___

Preferred E-mail Address _____

Address _____

City _____ State ___ ZIP _____

Day Phone ___-___-____ Emergency Contact: Name: _____
Number: _____

Date of Birth __/__/____ Male ☐ Female ☐

Employer _____ Gear: See website for Details

Shirt Size: XS__ S__ M__ L__ XL__

I am voluntarily participating in the event and assume all risk of injury, illness or damage to me that may result from entering this event and I will allow for any race photographs to be included on the Team Ortho website and brochures.

Signature _____

Team Ortho Races

- ☐ Polar Dash 5K
- ☐ Polar Dash 10K
- ☐ Minneapolis Half Marathon
- ☐ Minneapolis Marathon
- ☐ Minneapolis Duathlon
- ☐ Minneapolis Duathlon 5K
- ☐ Monster Dash 10 Mile
- ☐ Monster Dash Half Marathon

Please provide a brief description of the race that you are changing or deffering to: _____

_____

- ☐ To change your race entry to another person - $25.00
- ☐ To defer your race entry to the following year - $10.00 + 5 hours of volunteering
- ☐ To upgrade or downgrade your race - $15.00 + difference in race price (if upgrading)

Mail this form w/ payment to:
Team Ortho Foundation
1170 15th Ave Se #307
Minneapolis MN 55414

www.teamortho.us