



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 _____

Zip Code of billing address for credit card _____

Mail completed form to:

Cincinnati Marathon
644 Linn Street Suite 626
Cincinnati OH 45203