



TRANSFER OF DISTANCE FORM

Name: _____

Email: _____

Date of Birth: ____ / ____ / ____ Contact Phone: _____

(Collect your Bib from Registration if you did not select for it to be mailed to you).

Current Bib No: _____

Distance registered for: (Please Circle)

42km 21km 10km 5km 2km

Distance you are transferring to: (Please Circle)

42km 21km 10km 5km 2km

Office Use Only

Charges	-Admin Fee	\$10
	-Distance Increase	\$
	Total Payment	\$ _____

New Bib No: _____