

Event Cancellation Form

This form is to be completed and signed by the athlete or team manager and handed in to the TIC **before 12:00 (noon) on the day before the event or earlier.**

BIB Number _____ **Male** _____ **Female** _____ **Age Group** _____

Family Name _____ **Given Name** _____

Country _____

EVENT: _____

EVENT: _____

EVENT: _____

Signed by: _____

Title: _____ **Cell/Mobile Phone Number** _____

TIC Stamp/Time and Date:

Initials of TIC Officer

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