

**SALOMON
NEW
SHAPERS
RUN**

BIB COLLECTION AUTHORIZATION FORM

I, the undersigned (delegator) (First Name, Last Name) _____

born in _____ on _____ / _____ / _____

and registered for the race (race name): _____

AUTHORIZE

(First Name, Last Name) _____

born in _____ on _____ / _____ / _____

ID document (valid) no. _____

to collect on my behalf the race pack and my personal bib number.

Place and Date _____ Delegator's Signature _____