



Race Change/Deferment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone: _____

Email Address: _____

Shirt Size: _____ Male/Female: _____

Race Distance & Event Date Currently Registered For: _____

New Race Registering For (Name, Date & Distance): _____

Race Change/Deferment Fee \$15.00

Method of Payment:

☐ Check *Make Check Payable to the Atlantic City Marathon Race Series*

☐ VISA ☐ MASTER CARD ☐ AMEX

Card Number: _____

Exp. Date: _____ 3 or 4-Digit Code : _____

Cardholder Signature: _____

Reason for Deferment (*if applicable*) : _____

Physician Signature: _____ Date : _____

Deferment Policy: *Runners are eligible for registration deferment to the following calendar year if they are **medically** unable to complete the race they are registered for. All deferment forms must be accompanied by a \$15.00 processing fee. **No deferments will be granted after this deadline. No deferments will be granted after the race.***

Runners will receive an email to accept registration for the future event after their deferment is processed.

Submitting your deferment: Mail, Email or Fax

501 N. Jerome Avenue, Margate, NJ 08402

609-822-1167 x 118

609-822-9419 (fax)

acmarathon@jccatlantic.org