



2011 Fort4Fitness Group Packet Pick Up Request Form

Note: Your group must have a **minimum of six** members in order to qualify for group packet pick up. Attach additional sheets if necessary. Mail or fax this form to **Fort4Fitness Festival, Inc., PO Box 9007 Fort Wayne, IN 46899-9007 Fax: (260) 436-3453** so that it **arrives by 9/20/2011**. Your primary or alternate contact must pick up your group's packets in person during the normal packet pick up hours on 9/23/2011. Look for the special Group Packet Pick Up booth on 9/23/2011. Please print all information clearly. Complete Parts 1 and 2 now. Part 3 will be completed when packets are picked up. If you have any questions, please email us at race@fort4fitness.org or call Tel: (260) 760-3371.

Part 1 – Identify Organization / Group and Contacts				
Organization/Group Name _____				
Primary Contact First Name _____	Last Name _____	City _____	State _____	
Primary Contact Email Address _____		Telephone <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell		
Alternate Contact First Name _____	Last Name _____	City _____	State _____	
Alternate Contact Email Address _____		Telephone <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell		
Part 2 – Identify Groups Members and Packets to Pull			Bib No (if known)	F4F Use
I certify that the people listed in Part 2 below are aware that their packet will be picked up by the primary or alternate contact on 9/23/2011. _____ Signature of Primary/Alt Contact Completing Form Date		Pull the packet for the Primary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Primary Contact below)		<input type="checkbox"/>
		Pull the packet for the Alternate Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Alternate Contact below)		<input type="checkbox"/>
First Name	Last Name	City	State	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Part 3 – Pick Up Information (complete when packets are picked up on 9/23/2011)				F4F Use Only
Printed Name of Person Picking Up Packets _____		9/23/2011 @ _____ : _____ PM Date/Time		Packets Pulled By _____
Signature of Person Picking Up Packets _____		F4F Official Initials _____		Date Notified _____

