



BIB Replacement Form

Participant Info

Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone Number _____

Race Info

Race Name _____ City/Place _____ Year _____

Distance _____

I have lost my BIB or Chip and I am asking for a replacement

Signature _____ Date _____

Please send us this completed form along with a check for **\$20** (bib replacement fee) payable to **Team Ortho Foundation** to the following address:

Team Ortho Foundation
PO Box 490
Rosemount, MN 55068

! Important

Your new BIB/chip WILL be available for you at the particular race Packet Pickup/EXPO event or on the race day.

Your new BIB/chip will NOT be mailed to you. Not even in the case you have previously paid for your packet/gear delivery option.

BIB/chip replacement requests must be mailed in 2 weeks before the particular race. After this cut off, please bring this form to registration at packet pick up or on race day.

Comments: