

Blue Ridge Relay  
2017 Substitution/Addition Form  
**Every field must be completed.**

**Team Captain:**

**Complete the information below and forward application to:**

**Blue Ridge Relay  
2385 Big Flatts Church Rd.  
Fleetwood, NC 28626**

**A \$10 substitution/addition fee must be included, made payable to Blue Ridge Endurance.**

Team Name \_\_\_\_\_ Team Category \_\_\_\_\_

Captain's Name \_\_\_\_\_

New Runner Name \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Gender (please circle one) Female      Male      Age (as of the race day) \_\_\_\_\_

T-Shirt Size (specify Men's or Women's size) \_\_\_\_\_

Emergency Contact (name and phone) \_\_\_\_\_

This is a (please circle one):    substitution      addition

Runner being replaced if substitution: \_\_\_\_\_

Does this change your team category (please circle):      yes      no

If yes, identify your new team category: \_\_\_\_\_

Does this change your team's 10K seed time (please circle): yes      no

If yes, identify your new 10K seed time: \_\_\_\_\_

This makes the total number of runners on our team: \_\_\_\_\_

Captain's Signature and date: \_\_\_\_\_