

Blue Ridge Relay
2020 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: _____