



Switching Race Request

Date of Request _____

Name _____

Address _____

City/State/Zip Code _____

Phone _____

Email _____

Registered for which event? _____

Wish to switch to which event? _____

Switching fee is \$10.

\$ _____

Switching from half to full include an additional \$10.

\$ _____

Total \$ _____

Method of Payment:

I registered online. You have my permission to use the same credit card for fee.

I have enclosed check for fee.

Charge this credit card number for fee. _____

Mail completed form to:

Cincinnati Marathon
644 Linn Street Suite 626
Cincinnati OH 45203