

2010 Transfer Form



Please fill out this form in its entirety. Follow steps 1-5. This form is to be used to transfer your entry to another person or to a 2011 race. **Please read the transfer instructions and make sure that you are adhering to the deadline. There is a \$15 transfer fee for ALL transfers.**

- 1** Person to Person Transfer
 Race to Race Transfer
 Silver Strand 2011

2 Registrant or 2010 Information (your information)

- HALF MARATHON RUN/WALK
 HALF MARATHON SKATE
 5K RUN/WALK

 FIRST NAME LAST NAME

____ - ____ - ____
 AGE on race day SEX DAY TIME PHONE NUMBER

 EMAIL ADDRESS

Transfer Rules:

All Transfers must be completed in writing and must be postmarked by the deadline. Your transfer will be returned to you if it is received after the deadline.

Silver Strand Half Marathon: This race can be transferred to another person or to the 2011 event. Transfer form must be received or postmarked by November 1st.

3 New Registrant or 2011 Information

- HALF MARATHON RUN/WALK
 HALF MARATHON SKATE
 5K RUN/WALK

 FIRST NAME LAST NAME

____ - ____ - ____ S M L XL XXL
 AGE on race day SEX DAY TIME PHONE NUMBER T-SHIRT SIZE

 ADDRESS

____ STATE ZIP CODE
 CITY

 EMAIL ADDRESS

HALF MARATHON Run/Walk

- Special Divisions
 BK LEG AMPUTEE
 AK LEG AMPUTEE
 HANDCYCLE-
 PARAPLEGIC
 QUADRAPLEGIC
 WHEELCHAIR
 PARAPLEGIC
 QUADRAPLEGIC
 MILITARY
 CLYDESDALE
 CLYDESDALE 40+

HALF MARATHON Skate

- AGE DIVISION
 AGE DIVISION
 MILITARY
 CLYDES
 CLYDES 40+
 BK AMPUTEE
 AK AMPUTEE
 WHEELCHAIR

4 Waiver: (Must be signed)

I hereby release KOZ Enterprises, the State of California, State Park and Recreation Dept, City of Coronado, City of Imperial Beach, Dept. of the Navy, Port of San Diego, Cal Trans, WB Productions, USA Track & Field, and all other sponsoring company(ies) or agency(ies) or individual(s) involved in the event from responsibility for any injuries or damages I may suffer as a result of my participation in the Silver Strand Half Marathon. I hereby consent to receive medical treatment which may be deemed advisable during the event and understand that I am solely responsible for all costs relating to medical transportation and/or evacuation. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. I understand that race numbers are not transferrable. I certify that I am in good health and able to participate in this event and that all information provided in this form is true and complete.

X _____
 Signature of athlete (or parent if athlete is under 18) Date

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Make check payable to: Silver Strand Half Marathon
 The transfer fee is \$15 for ALL transfers
 Mail to:
 KOZ Enterprises
 Attn: Natalie
 PO Box 421052
 San Diego, CA 92142

****Due to the abuse of our transfer policy during the 2008 & 2009 seasons, we have imposed transfer fees for all transfers made in 2010. These fees will hopefully discourage the athletes who pre-register for an event not knowing if they truly intend to participate. The transfer fees will also help to cover the administrative costs of processing transfers.