



Biuro Organizacyjne Wrocław Maratonu
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Attachment no. 2 to the Regulations of the 7th PKO Wrocław Night Half Marathon

AUTHORISATION

to collect my starting kit¹ in the 7th PKO Wrocław Night Half Marathon

I hereby authorise Mr./Mrs.*
(Name and surname)

to collect my starting kit:

Race number:

Date of birth: (DD/MM/YYYY)

Name and surname:

Address of residence: (Street, building number, apartment number)

Postal code:

City:

(City) (DD/MM/YYYY)

(signature of the authorizing person identical with the specimen in the ID document)

**delete as applicable*

The following constitutes the integral part of this authorization:

1. The original of the Declaration form (Attachment 1 to the Regulations of the 7th Wrocław Night Half Marathon) signed by the authorizing person.

¹ Race kit includes: T-shirt, meals and a set of gifts and gadgets from the Organiser and sponsors.