



## Request to Change Events

Send completed form with any payment due to:

Arthritis Foundation  
Upstate New York Chapter  
3300 Monroe Avenue, Suite 319  
Rochester, NY 14618  
FAX: (585) 264-1517

You can request to make a change to your registration by filling out the form below. If you are switching to an event that has a higher entry fee, you will be responsible for paying the difference between the two. There is a \$10.00 administration processing fee for all change requests and all requests must be made by September 8, 2010 (no exceptions).

If you have any questions, please call Jodi at (585) 264-1480 or [jmaclean@arthritis.org](mailto:jmaclean@arthritis.org).

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

I am currently registered for the (ck one):  Marathon  Half-Marathon  Relay

I would like to change to the (ck one):  Marathon  Half-Marathon  Relay

I am replacing a member of a Relay Team who is already registered:

*(You must also submit a completed application with a signed waiver)*

Relay Team Name \_\_\_\_\_

Person I am replacing \_\_\_\_\_

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**PAYMENT:**

I've enclosed the difference in entry fees in the amount of \$ \_\_\_\_\_

I've enclosed the administrative change fee in the amount of \$ 10.00

Total Enclosed: \$ \_\_\_\_\_

Payment Method:  Check made payable to: Arthritis Foundation  
 Payment by Credit Card:  MC  Visa  AmEx

Credit Card Acct# : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

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**Arthritis Foundation Use Only**

Date Received \_\_\_\_\_

Pymt Verified \_\_\_\_\_

Authorized by \_\_\_\_\_