



CANCER CENTERS OF SOUTHWEST OKLAHOMA
SAT-SUN, OCTOBER 3-4, 2026

AUTHORIZATION FORM

TO ALLOW A PERSON TO PICK UP YOUR SOS RACE PACKET

I, _____, here by authorize _____
NAME OF PARTICIPANT - Please Print NAME OF PERSON PICKING UP PACKET - Please Print

to pick up my race packet for the Spirit of Survival.

SIGNATURE OF PARTICIPANT (copy of id attached)

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Without this completed form and a copy of participant's ID card,
Spirit of Survival Staff cannot legally release your race packet to another individual.
This applies to spouses and adult family members as well.

Altus • Lawton • Duncan • Chickasha

C A N C E R  C E N T E R S
of Southwest Oklahoma

A HOSPITAL OUTPATIENT DEPARTMENT
OF MEMORIAL HEALTH SYSTEM