

# Divas® Half Marathon & 5K Series

## EVENT DEFERRAL FORM



You can only defer your registration 1 year for the same event location.

The fee to defer your registration is listed at the bottom of this form. The fee can be paid via check or credit card. Checks should be made payable to: *Continental Event & Sports Management*.

Deferral forms **must be received at least 1 month before the original event date**. If it is received after this date, we will not be able to process it.

Send completed form along with payment to the address below:

**Continental Event & Sports Management LLC**  
**Attn: Divas Deferrals**  
**PO Box 57-0811**  
**Miami, FL 33257**

OR

If you are paying via credit card, you can send the completed forms via email to **info@runlikeadiva.com**.

Once registration opens for the following year, you will be sent a code via email to register online free of charge. **PLEASE NOTE:** It is your responsibility to register yourself for the following year's event. If for some reason the event is not continued at the original location, you will not receive a refund but will be asked to choose from another Divas event location for the next calendar year.

**Participant Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Which event are you registered for?

LOCATION:	Deferral Fee
<input type="checkbox"/> San Juan, PR	\$25
<input type="checkbox"/> Galveston, TX	\$25
<input type="checkbox"/> North Myrtle Beach, SC	\$25

**Event** (circle one): Half marathon    5K    **Calendar Year** (of original registration): \_\_\_\_\_

### Deferral Fee Payment Method:

- Check (Check # \_\_\_\_\_)
- Credit Card (Complete enclosed Credit Card Authorization Form)

## CREDIT CARD AUTHORIZATION FORM

I am electing to pay the event deferral fee with a credit card. My card information appears below.

Cardholder Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Card Type (check one): VISA  MC

Card Number: \_\_\_\_\_

Exp. Month/Year: \_\_\_\_/\_\_\_\_ Security (CVV) Code: \_\_\_\_\_

Charge amount: \$ \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

All forms will be shredded once payment has been processed.