

# OFFICIAL RACE BIB TRANSFER FORM

## Malatra Ultra 2026 / Pirate Backyard Ultra

### 1. ORIGINAL PARTICIPANT DETAILS (FROM)

Full Name	
IC / Passport No.	
Country	
Bib Number	

Original Race Category:

Distance: ☐ 5km ☐ 25km ☐ 50km ☐ 100km ☐ 160km ☐ 200km ☐ Backyard

Age Group: ☐ Men Open ☐ Men Veteran ☐ Women Open ☐ Women Veteran

### 2. NEW PARTICIPANT DETAILS (TO)

Full Name	
IC / Passport No.	
Country	
Date of Birth	___ / ___ / ____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Contact Number	
Emergency Contact	_____ (Name) _____ (Phone)

New Participant Age Group (Please tick):

☐ Men Open ☐ Men Veteran ☐ Women Open ☐ Women Veteran

### 3. DECLARATION & SIGNATURES

Original Participant: I hereby transfer my entry and all associated rights to the person named above.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 2026

New Participant: I accept this transfer and agree to the race terms, waivers, and safety regulations. I confirm that I am medically fit to participate in the selected category.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 2026

### OFFICIAL USE ONLY

Admin Checklist	Status
Transfer Fee Paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ID Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Bib Number	

Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_