

# 9TH ANNUAL WALK FOR BRAIN INJURY REGISTRATION FORM



Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Walk City: \_\_\_\_\_ **Registration Also Available Online At [www.biacal.org](http://www.biacal.org)**

## REGISTRATION FEES (Please check the appropriate box & complete the information below. Each registrant must complete a separate form)

	<b>EARLY BIRD REGISTRATION THROUGH JUNE 30</b>	<b>EARLY BIRD REGISTRATION JULY 1 - AUG 31</b>	<b>LATE REGISTRATION SEPT 1 - SEPT 10</b>
<input type="checkbox"/> Adult	\$25	\$30	\$35
<input type="checkbox"/> Person's with Brain Injury	\$15	\$20	\$25
<input type="checkbox"/> Student	\$15	\$20	\$25

## ALL PARTICIPANTS WILL RECEIVE A T-SHIRT

All registrants are encouraged  
to raise additional funds.

**T-SHIRT SIZE** (Please circle one)

Adult Sizes: SM M L XL XXL XXXL

Child Sizes: S M L

## TEAM REGISTRANTS (Please complete the information below)

Team Name: \_\_\_\_\_ Are You The Team Captain: Yes: \_\_\_\_\_ No: \_\_\_\_\_

## I AM WALKING (Please complete the information below)

\_\_\_ In Honor Of: \_\_\_\_\_

\_\_\_ In Memory Of: \_\_\_\_\_

\_\_\_ I Am Unable To Walk, Please Accept My Tax Deductible Donation Of: \_\_\_\_\_

## CREDIT CARD PAYMENT INFORMATION (Please complete the information below)

Name On Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

## PLEASE MAKE CHECKS PAYABLE TO BIACAL AND MAIL TO

3501 Mall View Road, Suite 115-Box 397, Bakersfield, CA 93306 | For questions, call (661) 872-4903

## WAIVER

I hereby waive all claims against the Brain Injury Association of California, Personnel Host Organization, Volunteers and Exhibitors for any injury that I may suffer from my participation in the event. I grant full permission for Brain Injury Association of California to use photographs, video tapes, recordings, or any other record of the event in which I may appear for any legitimate reason.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(Must be signed by parent or guardian for individuals under 18)

