

9th Annual

WALK for BRAIN INJURY

**LOS ANGELES (ARCADIA)
SEPTEMBER 10, 2016**

Venue: Santa Anita Park

Venue Address: 285 W. Huntington Drive, Arcadia, CA
Walk will take place on the infield. Enter at Gate #6
on the North end of the grounds (off Colorado Place).
After parking, proceed through the underground tunnel.

Registration Start Time: 3:30 pm (Gate 6)

Opening Announcement: 5:00 pm

Walk Start Time: 5:30 pm

Walk End Time: 8:00 pm

Walk Distance: 1 mile

Are Dogs Allowed: Service dogs only

Other Information: Actor & Comedian Larry Miller
will emcee the event to include a variety of food trucks,
music, entertainment, and raffle. Children will be entertained
with pony rides, carnival games, and a playground.
Exhibitors will provide information and local resources.

Site Coordinator:

Paula Daoutis... (661) 873-6555 or pdaoutis@biacal.org



**BRAIN INJURY
ASSOCIATION
OF CALIFORNIA**

Proceeds to Benefit: Brain Injury Association of California

Founded in 2005, the Brain Injury Association of California (BIACAL) is a chartered state affiliate of the Brain Injury Association of America (BIAA), the country's oldest and largest nationwide brain injury advocacy organization. With a joint mission to advance brain injury prevention, research, treatment and education, BIACAL strives to improve the quality of life for all Californians affected by brain injury.

www.biacal.org (661) 873-6555



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**

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

	EARLY BIRD REGISTRATION THROUGH JUNE 30	EARLY BIRD REGISTRATION JULY 1 - AUG 31	LATE REGISTRATION SEPT 1 - SEPT 10
<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.



**BRAIN INJURY
ASSOCIATION
OF CALIFORNIA**

Print Name: _____ Signature: _____

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