

9TH ANNUAL WALK FOR BRAIN INJURY REGISTRATION FORM



WALK
for
Brain Injury

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 REGISTRATION	LATE REGISTRATION (1 week before the walk)
<input type="checkbox"/> Adult	\$30	\$35
<input type="checkbox"/> Person's with Brain Injury	\$20	\$25
<input type="checkbox"/> Student's K-12	\$20	\$25
<input type="checkbox"/> Infants to 4 Years	\$0	\$0

**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)