2017 Pikes Peak Challenge **Registration Form**

September 9, 2017

Registration deadline is September 5, 2017

WHICH EVENT ARE YOU REGISTERING FOR? (PLEASE SELECT ONE)



■ The Summit Hike

- ✓ Early Bird Registration Fee: \$30 (mailed before June 16) Registration Fee: \$40 (mailed before Aug. 20) Late Registration Fee: \$50
- ✓ Minimum age for the hike 12 years old and must be accompanied by an adult
- ✓ Must raise a minimum \$200 in donations



■ Barr Camp Hike

- ✓ Early Bird Registration Fee: \$30 (mailed before June 16) Registration Fee: \$40 (mailed before Aug. 20) Late Registration Fee: \$50
- ✓ Minimum age for the hike 12 years old and must be accompanied by an adult
- √ Must raise a minimum \$200 in donations



The Manitou Walk

- √ 16 years old +
 - Early Bird Registration Fee: \$30 (before June 16
 - Registration Fee: \$40
- (before Aug. 20)
- Late Registration Fee: \$50
- Must raise a minimum \$200 in donations
- ✓ Children 12 15 years old
 - Must be accompanied by an adult
 - Registration Fee: \$20
 - Voluntary fundraising
- ✓ Children under 12
 - Must be accompanied by an adult
 - Registration Fee: FREE (please officially register)
 - Voluntary fundraising
- ✓ Survivors of a brain injury
 - Registration Fee: \$20
 - Voluntary fundraising

Please return completed form and registration fee to:

BIAC Attn: Pikes Peak Challenge 1325 S. Colorado Blvd. Suite B300 Denver, CO 80222

For questions please contact Tina Ziwak at (303) 355-9969, ext 27 or Tina@BIAColorado.org

Please read before registering:

- ✓ Each participant must register individually
- Create a team and share in the fundraising responsibilities! Visit PikesPeakChallenge.com for more information. If part of a team, indicate team name on registration form.
- ✓ To be qualified to hike/walk, the minimum \$200 in donations, must be raised by September 5th. This timing also applies to be eliqible for any incentive prizes.
- ✓ Donations drop off info will be sent to you closer to the event.

REGISTRATION FORM

FIRST NAME						
LAST NAME						
TEAM NAME (IF APPLICABLE)						
HOME ADDRESS						
CITY						
STATE		ZIP				
HOME PHONE (INCLUDE AREA C	ODE)					
CELL PHONE						
EMAIL						
EMPLOYER NAME						
		M F				
DATE OF BIRTH		SEX				
\$	1s	t Time	1-4yr	s 5-9	9yrs	10+yrs
AMOUNT ENCLOSED	NUMBER OF YEARS PARTICIPATED					
T-shirt Size (Circle one):	S	М	L	XL	X	XL
☐ I am a survivor of a E	Brain I	njury.				
SIGNATURE	DATE					