# 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 5<sup>th</sup>. 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					