# 2018 Pikes Peak Challenge **Registration Form**

# **September 8, 2018**

### Registration deadline is September 5, 2018

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



## The Summit Hike

- ✓ Early Bird Registration Fee: \$30 (mailed before June 18) 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 <sup>\$</sup>200 in donations



## **Barr Camp Hike**

- ✓ Early Bird Registration Fee: \$30 (mailed before June 18) 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 18)
  - Registration Fee: \$40 (before Aua. 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 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.
- 1 To be gualified to hike/walk, the minimum \$200 in donations, must be raised by September 5<sup>th</sup>. This timing also applies to be eligible 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 CODE)

CELL PHONE

FMAII

\$

#### EMPLOYER NAME ΜF DATE OF BIRTH SEX 1st Time 1-4yrs 5-9yrs 10+yrs AMOUNT ENCLOSED NUMBER OF YEARS PARTICIPATED T-shirt Size (Circle one): S Μ L XL XXL

I am a survivor of a Brain Injury.

SIGNATURE