

9th Annual

WALK & RIDE for BRAIN INJURY

**BAKERSFIELD
MAY 21, 2016**

Venue:

Pioneer Village - 3801 Chester Avenue

Walk Information:

Registration: 10:00 am - Walk: 11:00 am (distance 1 mile) - Ends: 3:00 pm

Are Dogs Allowed: Yes, service dogs only

Motorcycle Ride Information:

Registration: 9:00 am - Ride: 9:45 am - Return to Pioneer Village at 11:00 am

Other Information:

Food, music, entertainment, kids games, bake sale, and raffle.
Exhibitors will provide information and local resources.

Site Coordinator:

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



Walk & Ride
for
Brain Injury



**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.



9TH ANNUAL WALK & RIDE FOR BRAIN INJURY REGISTRATION FORM



Walk & Ride
for
Brain Injury

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Walk _____ Ride _____

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/RIDING (Please complete the information below)

____ In Honor Of: _____

____ In Memory Of: _____

____ I Am Unable To Walk/Ride, 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)