

# SUPERHERO DASH

Join Us For The  
10th Annual Walk  
for Brain Injury

- 
- FOOD TRUCKS • AWARDS •
  - ART • RESOURCE FAIR •
  - MIRACLE MILE • AND MORE! •
- 

September 17, 2017  
Registration 9 AM

Capitol Building (South Steps)  
Sacramento, CA

REGISTER NOW  
at [biacal.org](http://biacal.org)

# REGISTRATION FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

## REGISTRATION FEES (Please complete all of the information below)

|                                 | EARLY<br>REGISTRATION | LATE REGISTRATION<br>(Walk Up Registration) | ALL PARTICIPANTS<br>WILL RECEIVE A<br>T-SHIRT  |
|---------------------------------|-----------------------|---|--|
| ____ Adult                      | \$30                  | \$35  | <b>Adult Sizes:</b><br><b>S M L XL XXL XXXL</b><br><b>Child Sizes: S M L</b><br><b>(Please circle one)</b> |
| ____ Person's with Brain Injury | \$20                  | \$25  |  |
| ____ Students K-12              | \$20                  | \$25  |  |
| ____ Infants to 4 Years         | \$0                   | \$0   |  |

## TEAM REGISTRANTS

Team Name \_\_\_\_\_  
Are you the team captain? (Please circle one) Y N

## I AM WALKING

\_\_\_\_ 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 Rd., Suite 115-Box 397 Bakersfield, CA 93306 | For questions, call (661) 872-4903

**WAIVER:** I hereby waive all claims against Brain Injury Association of California, the Host Organization, Personnel, Volunteers and Exhibitors for any injury that I may suffer from my participation in this event. I grant full permission for Brain Injury Association of California to use photographs, video tapes, recordings, or any other record of this event in which I may appear for any legitimate reason.

Print Name \_\_\_\_\_ Signature (Must be signed by a parent or guardian for individuals under 18) \_\_\_\_\_

# REGISTER NOW AT BIACAL.ORG

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