



REGISTRATION FORM

2015 Emigrant Trails Bike Trek

September 11-13, 2015



NAME _____

DAYTIME PHONE _____ EVENING PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OCCUPATION _____ EMPLOYER _____

DATE OF BIRTH _____ GENDER _____ E-MAIL ADDRESS _____

BIKING EXPERIENCE

- ☐ Beginner
☐ Intermediate
☐ Experienced

TREK EXPERIENCE:

Have you ridden the Trek before? ☐ Yes ☐ No

FIRST TIME TREKKERS ONLY! If you were recruited by another Trekker, please list his/her name.

He/she will receive credit for their recruitment efforts. _____

What years have you been involved with the Trek? (Circle all that apply.) 1990 1991 1992 1993 1994 1995 1996
 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014

How did you hear about the Trek? _____

T-SHIRT

What t-shirt size would you like?

- ☐ Small
☐ Medium
☐ Large
☐ XL
☐ XXL
☐ XXXL

TEAMS ☐ I am team captain for the _____ Team
☐ I want to be on the _____ Team
☐ I am interested in forming my own team
☐ I am interested in joining an existing team.

ROUTES I will probably ride ☐ Short (18-20 miles) ☐ Medium (30-35 miles) ☐ Long (50-55 miles) ☐ Undecided

YES, I am ready to go

- ☐ Enclosed is my check to cover the registration fee noted below.
☐ Please charge my Visa or MasterCard (at right) for the registration fee noted below.

REGISTRATION FEE (non-refundable)

- ☐ \$25 fee if sent on or before December 31, 2015
☐ \$40 fee if sent January 1, 2015--May 31, 2015
☐ \$65 fee if sent after May 31, 2015

I would like to make an additional donation of \$ _____ towards the \$475 minimum required to ride the Trek.

MEAL PREFERENCE ☐ Vegetarian ☐ Non-vegetarian

LODGING PREFERENCE ☐ Tent (tent space provided by Breathe CA)

☐ Rent RV Space ☐ Rent Cabin/Lodge ☐ Stay Offsite
 (Trekker is responsible for costs incurred for anything other than tenting)
☐ Undecided

VISA/ MASTERCARD/ DISCOVER CARD Only (Circle One)

Name on card: _____

Card # _____ Exp. Date _____

CVV# _____ (last 3 numbers/code on back of card)

Mailing address for card (if different from above) _____

Total amount to be charged to card: \$ _____

EACH TREKKER MUST

- Be 18 years of age or older unless accompanied by a parent or guardian. Minimum age to participate is 13.
- Submit registration fees and minimum donations due by **Friday 8/21/15**.
- Complete this application plus medical release form.

SEND YOUR REGISTRATION TO

Breathe California of Sacramento-Emigrant Trails, 909 12th Street, Suite 100, Sacramento, CA 95814

Questions? Call: (916) 444-5900 x 209 1-877-3BREATHE Fax: (916) 444-6661 Email: sspringer@sacbreathe.org Web: www.sacbreathe.org

Note: To honor donor intent, registration fees and donations are non-refundable

Your application will NOT be processed until you complete the medical release below

MEDICAL RELEASE: (Please print or type)

I _____ authorize the bearer to request, authorize and direct all necessary emergency medical
 (Print name) care for me. I understand BCSET does not carry medical insurance to cover any injuries and I should have my own insurance.

→ PARTICIPANT'S SIGNATURE

EMERGENCY CONTACT _____

INSURANCE CARRIER _____

CONTACT'S RELATIONSHIP TO YOU _____

MEDICAL # _____

CONTACT'S DAY PHONE _____

ALLERGIES TO MEDICINES _____

CONTACT'S CELL PHONE: _____

MEDICAL CONDITION (S) _____

PARENT SIGNATURE: _____
 (if under 18)

