

9th Annual

WALK for BRAIN INJURY



**SAN FRANCISCO
JULY 16, 2016**

Venue: Pomeroy Recreation & Rehabilitation Center

Venue Address: 207 Skyline Blvd., San Francisco, CA

Registration Start Time: 10:00 am

Walk Start Time: 11:00 am

Walk End Time: 2:00 pm

Walk Distance: 1 - 3 miles

Are Dogs Allowed: Service dogs only

Other Information: BBQ lunch, music and raffle.
Exhibitors will provide information and local resources.

Site Coordinator:

Ursula Pesta... (661) 873-6536 or upesta@biacal.org



**WALK
for
Brain Injury**



**BRAIN INJURY
ASSOCIATION
OF CALIFORNIA**

**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 FOR BRAIN INJURY REGISTRATION FORM



WALK
for
Brain Injury

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Walk City: _____

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	\$40
<input type="checkbox"/> Person's with Brain Injury	\$20	\$30
<input type="checkbox"/> Student's K-12	\$20	\$30
<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 (Please complete the information below)

___ 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 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.



**BRAIN INJURY
ASSOCIATION
OF CALIFORNIA**

Print Name: _____ Signature: _____

(Must be signed by parent or guardian for individuals under 18)