



REGISTRATION FORM
2010 Emigrant Trails Bike Trek
September 10-12, 2010



NAME _____

DAYTIME PHONE _____ EVENING PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OCCUPATION _____ EMPLOYER _____

DATE OF BIRTH _____ GENDER _____ E-MAIL ADDRESS _____

BIKING EXPERIENCE: <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Experienced	TREK EXPERIENCE: Have you ridden the Trek before? <input type="radio"/> Yes <input type="radio"/> No FIRST TIME TREKKERS ONLY! If you were recruited by another Trekker, please enter their name. They will receive credit for their recruitment effort. _____ How did you hear about the Trek? _____ What years have you been involved with the Trek? (Circle all that apply.) 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009	T-SHIRT WHAT SIZE T-SHIRT WOULD YOU LIKE? <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> XL <input type="radio"/> XXL
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Teams: I am a team captain for _____ Team
 I want to be on the _____ Team
 I am interested in forming my own team
 I am interested in joining an existing team.

Meal Preference: Vegetarian Non-vegetarian
Lodging Preference: Tent (tent space provided by Breathe CA)
 Rent RV Space Rent Kabin/Lodge Stay Offsite (Trekker responsible for costs incurred for anything other than tenting)
 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 May 31, 2010
- \$35 fee if sent after May 31, 2010

Visa/ MC

Name on card: _____
 Visa Card # _____ Exp. Date _____
 MasterCard # _____ Exp. Date _____
 CVV# _____ (last 3 numbers/code on back of card)

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 8/27/10**.
- Complete this application plus medical release form.

Send Your Registration To:

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

Questions? Call: (916) 444-5900 x 200 1-877-3BREATHE Fax: (916) 444-6661 Email: jwarren@sacbreathe.org Web: www.sacbreathe.org

Note: To honor donor intent, all pledges 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, contact and direct all necessary emergency medical
 (Print name) care for me.

PARTICIPANT'S SIGNATURE _____ IN CASE OF EMERGENCY, CONTACT: _____

INSURANCE CARRIER _____ CONTACT'S RELATIONSHIP TO YOU: _____

MEDICAL # _____ CONTACT'S DAY PHONE: _____

ALLERGIES TO MEDICINES _____ CONTACT'S EVENING PHONE: _____

MEDICAL CONDITION (S) _____ PARENT SIGNATURE, IF UNDER 18 _____

BCSET does not carry medical insurance to cover any injuries. You should have your own medical coverage.