



**REGISTRATION FORM**  
**2011 Emigrant Trails Bike Trek**  
**September 9-11, 2011**



NAME \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

<b>BIKING EXPERIENCE</b>	<b>TREK EXPERIENCE:</b> Have you ridden the Trek before? <input type="radio"/> Yes <input type="radio"/> No  <b>FIRST TIME TREKKERS ONLY!</b> 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  How did you hear about the Trek? _____	<b>T-SHIRT</b>
<input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Experienced		What t-shirt size would you like? <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> XL <input type="radio"/> XXL

**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  Medium  Long  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, 2011
- \$35 fee if sent after May 31, 2011
  
- I would like to make an additional donation of \$\_\_\_\_\_ towards the \$450 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 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 8/26/11**.
- Complete this application plus medical release form.

**SEND YOUR REGISTRATION TO**

Breathe California of Sacramento-Emigrant Trails, 909 12<sup>th</sup> Street, Sacramento, CA 95814

Questions? Call: (916) 444-5900 x 209 1-877-3BREATHE Fax: (916) 444-6661 Email: [judyb@sacbreathe.org](mailto:judyb@sacbreathe.org) Web: [www.sacbreathe.org](http://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 EVENING PHONE: \_\_\_\_\_

MEDICAL CONDITION (S) \_\_\_\_\_

PARENT SIGNATURE, IF UNDER 18 \_\_\_\_\_