

# REGISTRATION FORM



## EVENT INFORMATION

- I am joining a team     I am starting a team     I am registering as an individual

Team Name: \_\_\_\_\_

**TEAM TYPE**     Friends & Family     Corporate     UCI School/Unit/Department

*Fundraising Commitment: You are committing to pay or raise the amount associated with your Challenge. If you do not raise the amount by the fundraising deadline, the UCI Anti-Cancer Challenge will charge the card on file.*

- I understand the requirement to fulfill my fundraising commitment. If I do not raise the minimum commitment, I will be responsible to pay the remaining balance.

**RIDE**     14-mile     35-mile     Mountain Bike Route  
 60-mile     100-mile    (VIP RIDER ONLY)

- Rider: \$50 fundraising commitment  
 VIP Rider: \$500 fundraising commitment

**RUN/WALK**     5K     10K

- Runner/Walker: \$50 fundraising commitment  
 VIP Runner/Walker: \$500 fundraising commitment  
 Child Runner/Walker: \$25 fundraising commitment

### VOLUNTEER

- Volunteer | October 4, 5, or 6 (Packet Pick-Up)  
 Volunteer | Saturday, October 7 (Challenge Day)  
 Aldrich Park     Rest Stop

### VIRTUAL PARTICIPANT

- Rider/Runner/Walker: \$50 fundraising commitment  
 VIP Rider/Runner/Walker: \$500 fundraising commitment  
 Child Runner/Walker: \$25 fundraising commitment

## CONTACT INFORMATION

Name: \_\_\_\_\_

Emergency Contact Name and Number:  
\_\_\_\_\_  
\_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Jersey Size (VIP riders only): \_\_\_\_\_

T-shirt Size (unisex): \_\_\_\_\_

- I am a new participant     I am a returning participant

- Personal Address     Business Address

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If under 18 years of age, name of parental supervisor:  
\_\_\_\_\_

## DONATION INFORMATION

Credit Card:     Visa     Master card     Discover     American Express

Name on CC: \_\_\_\_\_

CC Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_  
\_\_\_\_\_

- Check made payable to UCI Anti-Cancer Challenge.

Donation amount: \_\_\_\_\_

Billing Address (if different than above):  
\_\_\_\_\_  
\_\_\_\_\_