

World Human Powered Speed Challenge

Battle Mountain, Nevada USA

September 10 - 15, 2018

Name(s) _____

Name of vehicle/ team _____

Address _____

T telephone _____ Fax _____ Cell _____

Email _____ Website _____

Emergency Contact Name and Cell Number at event _____

Description of vehicle (bike, trike, handcycle, Tandem ect) _____

Builder(s) _____

Rider(s) Name, age, sex (new-N, returning-R) _____

New vehicle? Yes ___ No ___ New rider(s)? Yes ___ No ___ Years attending _____ MPH Hat(s) earned _____

Current member(s) IHPVA? Yes ___ No ___ Don't Know ___ Current member(s) ABR? Yes ___ No ___ Don't Know ___

New: All riders, builder/ owners, team advisor /manager and team members attending the WHPSC must be a current IHPVA members due to insurance requirements.

ABR membership and insurance for _riders_ only. Memberships run for 12 months from application date.

Please fill out membership forms (IHPVA & ABR) for each new member. All riders must fill out and sign ABR form

Fees:

Single entry 1 rider : 300.00___ (includes 1 free T-shirt & poster) Size: S_M_L_XL_Men/ Women Total_____

Additional rider(s) ___ X 150.00 (includes 1 free poster per rider) Total_____

T-shirt(s) ___ X 20.00= ___ # Men's ___ # Women's Total_____

Size (how many each size): S ___ M ___ L ___ XL ___ (Larger sizes by request add 2.00)

Poster(s) ___ X 3.00 Total_____

IHPVA Membership: ___ X 32.00 Total_____

ABR Membership: ___ X 25.00 Junior:(under18) ___ X 10.00 Senior: (over 80) ___ X Free Total_____

Insurance ___ X 20. 00 Total_____

Early Registration deduction: (1 per application) -25.00

Balance due _____

Applications received by August 20, 2018 get 25.00 discount.

Do not mail application after Aug 25, 2018. Emailed forms OK until Sept 5, 2018

Cancellation after September 1, 2018 will result in the loss of all fees.

Fax, mail or email this application, make checks payable to:

IHPVA

2338 18th St Eureka, CA 95501

Ph 707-443-8261 email: a.krause@sbcglobal.net

Card # _____

Expiration Date _____ Security code _____ Zip Code _____

Name on Card _____ Signature _____

email for receipt: _____