

# World Human Powered Speed Challenge

## Battle Mountain, Nevada USA

### September 11 - 16, 2017

Name(s) \_\_\_\_\_

Name of vehicle/ team \_\_\_\_\_

Address \_\_\_\_\_

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:**

<b>Single entry 1 rider</b> : 300.00 (includes 1 free T-shirt & poster ) Size: S_M_L_XL_Men/ Women	Total _____
<b>Additional rider(s)</b> ___ X 150.00 (includes 1 free poster per rider)	Total _____
<b>T-shirt(s)</b> ___ X 20.00= ___ # Men's ___ # Women's	Total _____
Size (how many each size): S ___ M ___ L ___ XL ___ (Larger sizes by request add 2.00)	
<b>Poster(s)</b> ___ X 3.00	Total _____
<b>IHPVA Membership:</b> ___ X 32.00	Total _____
<b>ABR Membership:</b> ___ X 25.00 Junior:(under18) ___ X 10.00 Senior: (over 80) ___ X Free	Total _____
<b>Insurance</b> ___ X 20.00	Total _____
<b>Early Registration deduction:</b> (1 per application)	-25.00
	Balance due _____

Applications received by August 20, 2017 get 25.00 discount.  
 Do not mail application after Aug 25, 2017. Emailed forms OK until Sept 5, 2017  
 Cancellation after September 1, 2017 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 fax 707-444-2579  
 email: a.krause@sbcglobal.net

Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security code \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Signature \_\_\_\_\_  
 email for receipt: \_\_\_\_\_