

# World Human Powered Speed Challenge

## Battle Mountain, Nevada USA

### September 8 - 14, 2024

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 \_\_\_

**All riders, builder/ owners, team advisor /manager and team members attending the WHPSC must be 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 rider vehicle entry: 500.00___ (includes 1 free T-shirt & poster)	Total _____
Multi rider vehicle entry: 1st rider 500.00___ Each additional rider 250.00 ___ (includes 1 free T-shirt & 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)	Total _____
Poster(s)___ X 5.00	Total _____
IHPVA Membership: ___ X 35.00	Total _____
ABR Membership: ___ X 25.00 Junior:(under18)___ X 10.00 Senior: (over 80)___ X Free	Total _____
Insurance ___ X 40.00	Total _____
	Balance due _____

Do not mail application after Aug 1, 2024.

Emailed forms OK until Sept 1, 2024

Mail or email this application, make checks payable to:

IHPVA  
 2338 18th St Eureka, CA 95501  
 Ph 707-845-3643 (Alice Cell)  
 email: a.krause@sbcglobal.net

Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security code \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

email for receipt: Yes \_\_\_ No \_\_\_