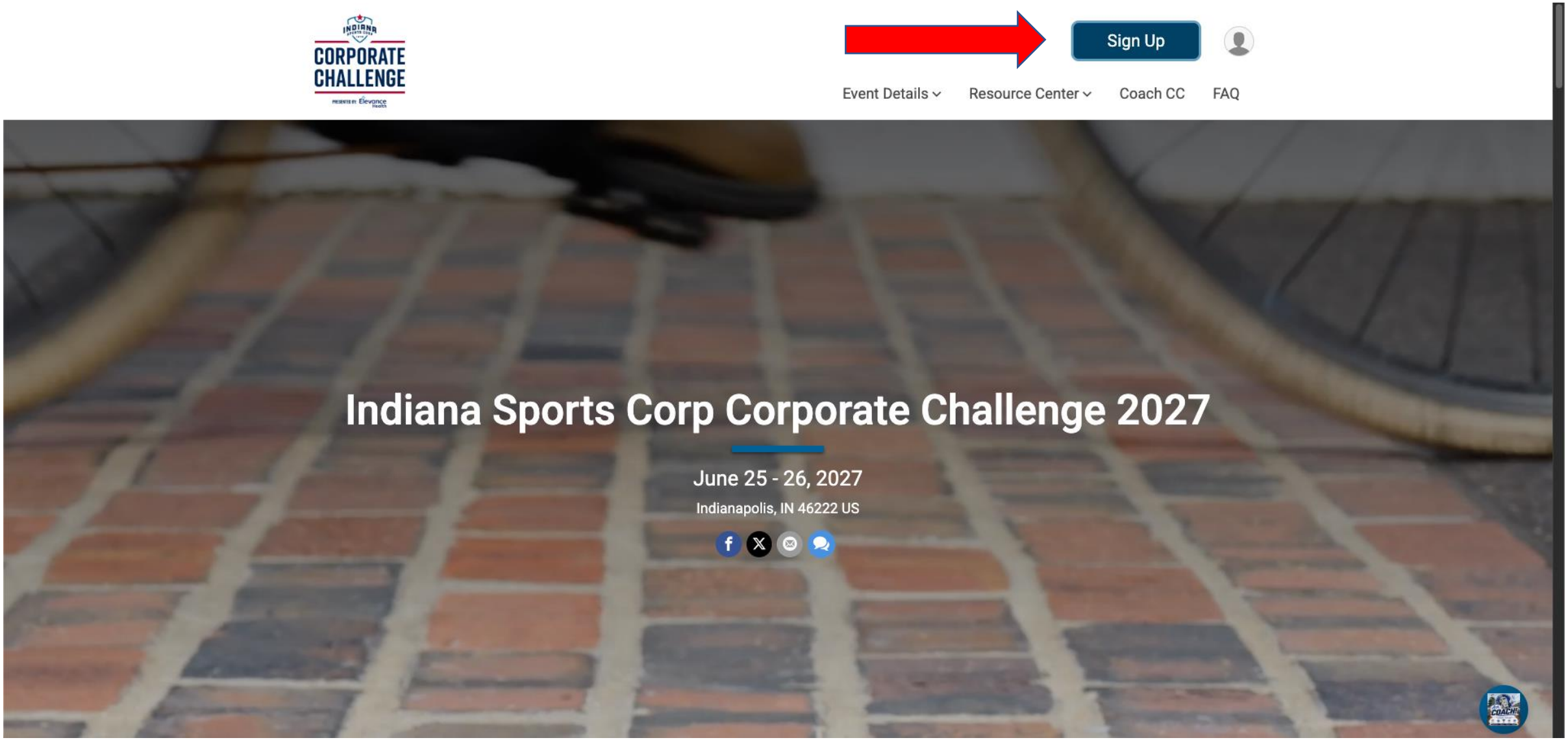
Click the Sign-Up Button



Register For

Indiana Sports Corp Corporate Challenge 2027

Indianapolis, IN 46222

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Registrant #1

Enter your information

Clear all fields

Quick Fill Choose one of your existing profiles to quickly fill in the registration form.

Who are you registering? *

First Name *

Last Name *

Email Address *

Confirm Email *

Date of Birth *

mm/dd/yyyy

Used for age group calculations

Gender *

Male Female Non-Binary

Phone *

Valid formats include: 000-000-0000 or 0000000000

Street Address *

Country *

US - United States

Zip Code *

City *

State *

Choose Your Division *

Choose Your Division *

Select an Event Day

Friday Divisions

(Select One)

Saturday Divisions

(Select One)

You must click the radio button first.

+ Add Another Registrant

Continue

Choose Your Division *

Select Your Division

Friday Divisions

- ✓ (Select One)
- Friday Division 1 (1-74 Indiana Employees) — $2,000.00 Division Fee — Group Pricing May Apply — Fri. June 25 9:30am - 2:30pm EDT
- Friday Division 2 (75 - 249 Indiana Employees) — $3,000.00 Division Fee — Group Pricing May Apply — Fri. June 25 9:30am - 2:30pm EDT
- Friday Division 3 (250 - 749 Indiana Employees) — $4,000.00 Division Fee — Group Pricing May Apply — Fri. June 25 9:30am - 2:30pm EDT
- Friday Division 4 (750+ Indiana Employees) — $5,000.00 Division Fee — Group Pricing May Apply — Fri. June 25 9:30am - 2:30pm EDT

Saturday Divisions

(Select One)

You must click the radio button first.

+ Add Another Registrant

Continue

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Corporate Challene

Open waiver in new window

Read through and agree to the waiver

2027 Indiana Sports Corp Corporate Challenge

PARTICIPANT RELEASE, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Event Dates: June 24-27, 2027

AGREEMENT

In consideration for participating in any way in the Event identified above ("Event"), I agree as follows:

ASSUMPTION OF RISK
I acknowledge and agree that:

Waiver Agreement for First Name Last Name

☐ By checking this box, I agree to the waiver and confirm that I am 18 or older and agree to the Privacy Policy.

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Group for First Name Last Name

Click “Create a New Group”

Join an Existing Group | **Create a New Group**

Group Type *

Division 1

Description:
Group Fee: $2,000.00
Up to 74 Indiana Employees

Group Name *

ISC

Create a Team Name

Password Show Password

You have the option to set a password that will be required for anyone trying to join your group

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Create a team password for your employees to sign up with you if you would like to

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Answer all questions

Overall Questions

Do you need a timing chip? *
- ◯ Yes
- ◯ No

What industry is your company in? *

Only team captains need to answer this question.

Will you be participating in the Cycling Time Trials? *
- ◯ Yes
- ◯ No

Questions for First Name Last Name

Please Provide your Emergency Contact's Full Name and Phone Number *

First Name, Last Name - 3172375000

Enter your emergency contact's First Name, Last Name & Phone Number

Why do you participate in the Corporate Challenge (Select all that apply)
- ☐ Team Camaraderie
- ☐ Physical Fitness
- ☐ Fun
- ☐ Competitive Outlet
- ☐ Company Pride

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What T-Shirt Size are you?

--- Select Option ---

Select T-Shirt size

Continue

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Virtual Race Information

Answer all questions

Make your virtual participation more real by sharing your efforts! Enter your info and we will send you instructions on how to report your performance.

First Name Last Name

Friday Division 1 (1-74 Indiana Employees)

◯ Sign up for email ◯ I don't want to receive Email

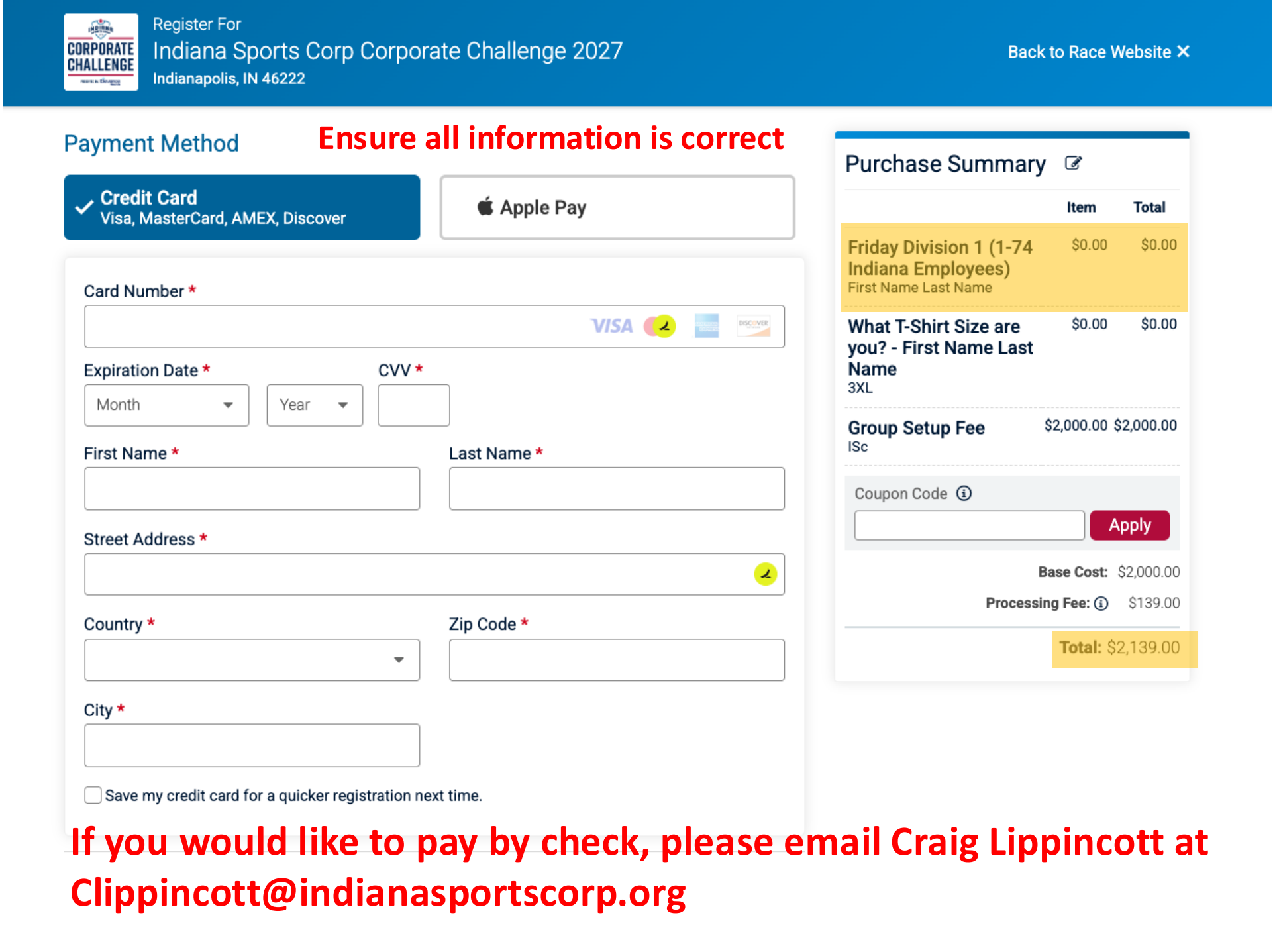
Select your Timezone

To ensure that we send messages at appropriate times of the day, please select your timezone below.

Timezone *

America/Indiana/Indianapolis (-0400)

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Register For
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Payment Method
Ensure all information is correct
Credit Card
Visa, MasterCard, AMEX, Discover
Apple Pay
Card Number *
Expiration Date *
Month
Year
CVV *
First Name *
Last Name *
Street Address *
Country *
Zip Code *
City *
Save my credit card for a quicker registration next time.
Purchase Summary
Item
Total
Friday Division 1 (1-74 Indiana Employees)
First Name Last Name
$0.00
$0.00
What T-Shirt Size are you? - First Name Last Name
3XL
$0.00
$0.00
Group Setup Fee
ISc
$2,000.00
$2,000.00
Coupon Code
Apply
Base Cost: $2,000.00
Processing Fee: $139.00
Total: $2,139.00
If you would like to pay by check, please email Craig Lippincott at Clippincott@indianasportscorp.org

Ensure all information is correct

Click “Confirm Payment” and you are done



Save my credit card for a quicker registration next time.

You can clear this transaction within 15 minutes. After that all sales are final and there are no refunds.

Confirm Payment: $2,139.00

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↓ Your registration information

Location: Indianapolis, IN 46222 US

Race Date: June 25, 2027 - June 26, 2027

Registrants

First Name Last Name

Date of Birth: December 12, 1979

Email: corporatechallengetest@indianasportscorp.org

Division:
Friday Division 1 (1-74 Indiana Employees) (Friday June 25, 2027)

115 W Washington St
Indianapolis, IN US 46204

317237500

Male

Age On Race Day: 47

Group:
ISc

Registrant(s) Questions

Purchase Summary

	Item	Total
Friday Division 1 (1-74 Indiana Employees) First Name Last Name	$0.00	$0.00
What T-Shirt Size are you? - First Name Last Name 3XL	$0.00	$0.00
Group Setup Fee ISc	$2,000.00	$2,000.00

Coupon Code

Apply

Base Cost: $2,000.00

Processing Fee: $139.00

Total: $2,139.00

Total should never be 0 when creating a team