



Click the Sign-Up Button



Sign Up



GROUPS

CORPORATE CHALLENGE RULES

TEAM CAPTAIN RESOURCES



Fri June 26 - Sat June 27, 2026
Indianapolis, IN 46222 US





Register For
Indiana Sports Corp Corporate Challenge 2026
Indianapolis, IN 46222

[Back to Race Website](#) ✕

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 *

Used for age group calculations

Gender *

☐ Male ☐ Female
☐ Non-Binary

Phone *

Valid formats include: 000-000-0000 or 0000000000

Street Address *

Country *

Zip Code *

City *

State *

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

R

Choose Your Division *

Select Your Division

☒ Friday Divisions



(Select One)

- ✓ Friday Division 1 (1-74 Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT
- Friday Division 2 (75 - 249 Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT
- Friday Division 3 (250 - 749 Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT
- Friday Division 4 (750+ Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT

☐ Saturday Divisions

(Select One)



You must click the radio button first.

+ Add Another Registrant

Continue

R



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[Back to Race Website](#) ✕

Waiver [Open waiver in new window](#)

Read through and agree to the waiver

FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I, HEREBY GRANT Indiana Sports Corporation and IMS the permission to use my likeness, voice and words in television, radio, film or any other form for promotional purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SELECTING THAT I ACCEPT THE TERMS, AND DO SO FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Waiver Agreement for First Last

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

Continue

Back

R



Register For
Indiana Sports Corp Corporate Challenge 2026
Indianapolis, IN 46222

[Back to Race Website](#) ✕

Group for First Last

Click “Create a New Group/Team”

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 *

2026 Example

Password

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

Create a Team Name

Continue

Back

R

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



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[Back to Race Website](#) ✕

Overall Questions

Answer all 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 Last

Why do you participate in the Corporate Challenge (Select all that apply)

- ☐ Team Camaraderie
- ☐ Physical Fitness
- ☐ Fun
- ☐ Competitive Outlet
- ☐ Company Pride
- ☐ Personal Goal-setting

Does the Corporate Challenge support your corporate culture or enhance your company's team-bonding?

☐ Yes ☐ No



Register For
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[Back to Race Website](#) ✕

What T-Shirt Size are you?

--- Select Option ---

Select T-Shirt size

Continue

Back

R



Register For
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[Back to Race Website](#) ✕

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 Last

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 (-05 ▼)

Continue

Back

R



Register For
Indiana Sports Corp Corporate Challenge 2026
Indianapolis, IN 46222

[Back to Race Website](#) ✕

Payment Method

☒ **Credit Card**
Visa, MasterCard, AMEX,
Discover

Apple Pay

Card Number *



Expiration Date *

Month ▼

Year ▼

CVV *

First Name *

First

Last Name *

Last

Street Address *

115 W Washington St. Suite 1400

Country *

US - United States ▼

Zip Code *

46204

City *

Indianapolis

State *

IN - Indiana ▼

☐ Save my credit card for a quicker registration next time.

Purchase Summary

Item	Total
Friday Division 1 (1-74 Indiana Employees) First Last	\$0.00 \$0.00

What T-Shirt Size are you? - First Last 2XL	\$0.00 \$0.00
---	---------------

Group Setup Fee 2026 Example	\$2,000.00 \$2,000.00
---------------------------------	-----------------------

Coupon Code ⓘ

Apply

Base Cost: \$2,000.00

Processing Fee: ⓘ \$139.00

Total: \$2,139.00

Ensure all information
is correct

If you would like to pay by check, please email Craig Lippincott at Clippincott@indianasportscorp.org

Click "Confirm Payment" and you are done →

Ensure all information is correct

Confirm Payment: \$2,139.00 [Back](#)

[↓ Your registration information](#)

Location: Indianapolis, IN 46222 US **Race Date:** June 26, 2026 - June 27, 2026

[Registrants](#)

First Last
Date of Birth: July 8, 1998 **Email:** zbekker@indianasportscorp.org

Division:
Friday Division 1 (1-74 Indiana Employees)
(Friday June 26, 2026)

Indiana Sports Corp
Indianapolis, IN US 46202

317-464-3995

Age On Race Day: 27

Gender: Male

Group:
2026 Example

[Registrant\(s\) Questions](#)

[+ Add Another Registrant](#)

Purchase Summary		
	Item	Total
	Friday Division 1 (1-74 Indiana Employees) First Last	\$0.00 \$0.00
	What T-Shirt Size are you? - First Last 2XL	\$0.00 \$0.00
	Group Setup Fee 2026 Example	\$2,000.00 \$2,000.00
Coupon Code		
<input type="text"/>		Apply
Base Cost: \$2,000.00		
Processing Fee: \$139.00		
		Total: \$2,139.00

Total should never be 0 when creating a team