

Dallas 9/11 Memorial Stair Climb Registration Information

Registrations will occur individually – one registration at a time.
There will be no team registrations.
See final page for additional registration details.

The following information is required when completing registration. Please utilize this document if someone is registering on your behalf, or you are completing registration for another.

Questions with * are required.

Registration Information

Climber's Name:* _____
Climber's Email Address:* _____
Climber's Cell Phone:* _____
Climber's Address:* _____
Climbers City, State, Zip:* _____

Billing Information

Name on Credit Card:* _____
Address:* _____
City, State, Zip:* _____

Payment Information

Card Type:* (select one) ___ Visa ___ MasterCard ___ American Express ___ Discover
Card Number:* _____
Expiration Date:* _____
CSC:* _____
State:* _____
Zip:* _____

Climber's Work Information

Job Title (If Volunteer, list Volunteer Info):* _____

Company/Organization (If Volunteer, list Volunteer Info):* _____

Other Information

Gender:* _____ Male _____ Female

Birth Date:* _____

Age:* _____

1. Climber must agree to consult a physician prior to participation in this event*
_____ Climber agrees to consult with a physician

2. Provide and emergency contact name:* _____

3. Emergency Contact phone number:* _____

4. Emergency Contact email address:* _____

5. Have you participated in a 9/11 Memorial Climb before?*
- _____ Yes Which one(s) and the year(s)? _____
- _____ No

6. List Department you work for:* _____

7. Would you like to climb in memory of a specific individual or company? Please note, selection yes not guarantee you will climb for this individual or company. We will do our best to accommodate your request. See our rules for more information.* _____ Yes _____ No

8. Please provide name of that individual or company:* _____
Do you have a personal connection to this individual or company? If so, please explain.* _____

9. Climbers organization is a (Please select one)*
_____ Career (all paid) department _____ Volunteer _____ Combination

10. Is your department interested in donating a hose for the climb? Please note the department will be chosen at random to donate a hose. Answering "yes" to this question does not guarantee your department will be chosen.*

Yes No

11. What is your shirt size?*

Small Medium Large X-Large 2X 3X

12. Would you be willing to speak with us about your experience with the Dallas 9/11 Memorial Stair Climb for use in future promotional materials?

Yes – Please provide best way to contact you _____

No

Additional Information:

The registration may be completed on the behalf of a climber by someone other than the climber, however the answers must be answered correctly and completely. We are not responsible for inaccurate information provided to us during the registration process.

Extra climb merchandise will be available to purchase after the event at climber checkout.

No-shows will NOT have their merchandise (climber package) mailed to them. You must be present to pick items up.

Group registrations are not available.

For complete registration rules, visit: www.dallasstairclimb.com/registration-rules