



Children's Motorcycle Adventure Request Form

Submit your request to Rodney Walker at eagle5rsw@gmail.com

PLEASE FILL OUT ALL SPACES

Region # : _____ Date of event: _____

County : _____

Person in charge : _____ Phone (____) ____ - _____

Second contact : _____ Phone (____) ____ - _____

Location of event (address) : _____

Name of event : _____

Training complete? Y N Insurance secured? Y N

Region Director Approval : _____



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