

## PLEASE PRINT ON FORM

OWNER/PARTICIPA	NT NAME:			
EMAIL			Phone #	
СІТУ:		<u> </u>		
Check one				
Open to all		\$25		
NAME OF CLUB: _			<u> </u>	
BY SIGNING BELOV RELEASE FROM LI ORGANIZERS.	V, YOU ACC ABILITY T	CEPT RESPON HE CITY OF B	ISIBILITY FOR YOUR VEHICI LANCHARD, THE BMIA AND	E AND YOURSELF. YOU THE Poker Run
OWNER/PARTICIPA	NT SIGNA	TURE		

Return Form to:

Make Checks Payable to: Blanchard Veterans Memorial

P.O. 480 Blanchard, Ok. 73010 or Fax to 405-485-3199