



JAMES R. WILSON
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Application for Bicycle Race

APPLICANT NAME (ORGANIZATION): _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT E-MAIL: _____

CONTACT PHONE NUMBER(S): _____

DATE/TIME OF EVENT: _____

NUMBER OF RIDERS EXPECTED: _____

TOTAL MILES OF ROUTE: _____

NUMBER OF PAID OFFICERS: _____

DESCRIPTION OF ROUTE/LOCATION OF EVENT (Must include map with route identified):
