Freedom of Road Riders®, Inc.



To promote safety, rider education, brotherhood and freedom for all motorcyclists.

EVENT SANCTION APPLICATION

Local making application: Name of Event:		Date of Event:			
Person filing application:		Phone:	FAX:		
Address:					
Your E-mail Address:					
Person responsible for event:					
Address:					
This event is a fundraiser for: (circle one) *Loca	l only * General Fund * PAC/I		Ed * Other (if ot	her, please explain)	
Is the name 'Freedom of Road Riders®, Inc., to	•		S NO		
Is the 'Wing Wheel' logo to be used in advertising	g this event? (circle one) YES	NO			
This event will be (circle one) held or started at:					
Name:		Phone:	FAX	:	
Address:	City:		State:	Zip:	
This event will end at: Name:			Phone: _		
FAX: Address:		City: _			
State: Zip: List all co-sponsor	rs: Use separate sheet if necessar	ary. Name:			
	Pho	ne:	FAX:		
Address:	City:		State:	Zip:	
List those to be Additional Insured: Use separate	e sheet if necessary. Name:				
	Pho	one:	FAX:		
Address:	City:		State:	Zip:	
Is the above the Property Owner? YES NO	Does the Local have pro	per release forms	? YES N	O	
Certificate of Insurance Required?	Fax number if applicable				
Type of event: (circle all that apply) Party/Dance	e; Political Function; Poker Ru	n; M/C Rodeo/Fie	ld Meet; M/C Sh	ow; Children's	
games; Dirt/Drag races; Other (explain):			-		
Will any type of alcohol be served during the ev	ent? YES NO	-			
By whom? Name:	Γ	Oo they have all re	quired licenses?	YES NO	
Address:	City:		State:	Zip:	
	 Events Coordinator – Linda Hawki <u>®forr.net</u> - Phone 660-351-5607	ns at 604 S. College	St., Calhoun, MO	65323-1305	
OFFICE USE ONLY		Approved / Not			

Updated: Feb. 2020