



Arkansas Valley Flywheelers Insurance Form

Name _____

Address _____

City/State/Zip _____

Phone# _____ Email _____

INSURANCE FEE
\$10.00
PER EVENT

Please let us know if you would be interested in helping in any way with our club. Also list any specific talents or abilities you would like to share with the members of the Arkansas Valley Flywheelers.
Mail to: P.O. Box 671, Canon City, CO. 81215

Signature _____ Date _____



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Please let us know if you would be interested in helping in any way with our club. Also list any specific talents or abilities you would like to share with the members of the Arkansas Valley Flywheelers.
Mail to: P.O. Box 173, Poncha Springs, CO. 81242

Signature _____ Date _____