

Alleghany Highlands 19th Annual Bike Rodeo
Jackson River Sports Complex
Saturday May 2th 10 a.m.

Child's Name: _____
Date of Birth, _____ Age as of May 2, 2015 _____

Address: _____

Home Phone: _____

Emergency Phone Number: _____

Parents's Name (s): _____

Please indicate the school the child is currently attending:

Parent or Legal Guardian's Signature: _____

Date: _____

☒ **YES**, I would like my child to attend the Bike Rodeo. I understand that the event holders are not responsible for any injuries that may occur to my child while attending this event. The event holders are not responsible for the replacement cost of any item lost, damaged or stolen during this event.

Return to Peggy Redmon Alleghany County Sheriff's Office, 268 West Main Street, Covington, Va.
Event staff is not responsible for transportation.

ALL PARTICIPANTS MUST BE IN LINE TO BE REGISTERED BY 9:15 AM ON MAY 2, 2015. THERE WILL BE NO EXCEPTIONS!!!

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