OPERATION DAILY BATTLE
WEEKEND REGISTRATION

Rider Name: ______________________________

Passenger : ______________________________

Email: ______________________________

Phone: ______________________________

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Choose your VFW Affiliation:

- ☐ **VFWMGTX**
- ☐ **VFW Riders LA**
- ☐ **VFW Riders AR**
- ☐ **VFW Riders OK**
- ☐ **Other (list your Department)** ______________________

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Make Checks Payable to: Michele Anderson

Mail Form and Check to:

VFWMGTX Secretary
Michele Anderson
3 E Shawnee Lane
Belton, TX 76513

Phone: 651-233-8365
Email: vfwmgtxsec@gmail.com

Amount Due:

VFW Rider ($66)	$ ____________
Passenger ($56)	$ ____________
TOTAL DUE:	**$ ____________**

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Please list any comments or concerns here: