



## INFORMATION SHEET

Name: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Jersey size: \_\_\_\_\_ Shorts size: \_\_\_\_\_

Service (Branch, Rank, where and when served: \_\_\_\_\_

\_\_\_\_\_

Disability, if any (Briefly describe injuries/disabilities) \_\_\_\_\_

\_\_\_\_\_

Date & location injured: \_\_\_\_\_

Military Unit/Locations: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_

Children & Ages: \_\_\_\_\_

Brief Bio \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Liability Release on file: \_\_\_\_\_

Bike Assignment: (Make/serial No.) \_\_\_\_\_

DD214 on file: \_\_\_\_\_

**EMERGENCY CONTACT NAME & NO.** \_\_\_\_\_