

[Yellow box for date]



Wisconsin Bike Patrol

Special Events EMS



Request Service Form

***Your Request will be Considered at our Next Board Meeting**
**** We will let you know of the Board's Decision ASAP after Board's Meeting**

EVENT NAME [Redacted]

Event DATE/S [Redacted]

Event LOCATION [Redacted]

Event ADDRESS [Redacted]

Event Start Time [Redacted] Approx END Time [Redacted]

Event Web PAGE [Redacted]

Number of Racers / Participants [Redacted]

Approx DONATION Offered [Redacted]

Any ADDITIONAL Information ? [Redacted]

[Redacted] Write More on Back, if Necessary

Contact Person [Redacted]

Email Completed Request Form To: dmangan@wisconsinbikepatro.org

OR....

Mail Request Form To: **Wisconsin Bike Patrol**
6121 S. 60th St., Suite #3
Greendale, Wisconsin, 53129

THANK YOUfor Your Consideration of our Services!

WBP TrailBlazer Dave
David Mangan
Wisconsin Bike Patrol / Special Event EMS – Director

ADDITIONAL Information ?

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

CONTACT Information:

[Redacted]

[Redacted]

