



BIKERS RIGHTS ORGANIZATION

FALLEN RIDERS MEMORIAL WALL APPLICATION

SUBMIT APPLICATION TO:
FALLEN RIDERS MEMORIAL WALL
308-135 BASELINE RD W
LONDON, ON N6J 4W4

**** OR ****

BIKERSRIGHTSFALLENRIDERS@GMAIL.COM

APPLICANT'S INFORMATION

NAME: _____

ADDRESS: _____

PHONE #: _____ **E-MAIL:** _____

PERSONS NAME BEING SUBMITTED: _____

ACCIDENT DATE & LOCATION: _____

DATE OF PASSING: _____

DETAILS OF THE ACCIDENT: _____

CONTINUE ON BACK IF NEEDED

TYPE OF VEHICAL THAT CAUSED THE ACCIDENT: _____

WERE CHARGES LAID? _____

CONSENTING FAMILY MEMBERS CONTACT INFORMATION :

NAME: _____ **RELATIONSHIP:** _____

PHONE/E-MAIL: _____

SIGNATURE: _____ **DATE:** _____