



# 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:** \_\_\_\_\_