



OPERATION DAILY BATTLE

WEEKEND REGISTRATION

Rider Name: _____

Passenger : _____

Email: _____

Phone: _____

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Choose your VFW Affiliation:

- VFWMGTX Unit #** _____
- VFW Riders LA**
- VFW Riders AR**
- VFW Riders OK**
- Other (list your Department)** _____

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Make Checks Payable to: Texas VFW Foundation

Mail Form and Check to:

VFWMGTX Chairman-
Thomas Anderson
3 E Shawnee Lane
Belton, TX 76513

Phone: 651-894-3538
Email: vfwmgtxchair@gmail.com

Amount Due:

VFW Rider (\$75)	\$ _____
Passenger (\$65)	\$ _____
Patch (\$10 each)	\$ _____

(Rockers are Included)

TOTAL DUE: \$ _____

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Please list any comments or concerns here: