



# OPERATION DAILY BATTLE

## WEEKEND REGISTRATION FOR GROUPS

**Post Info - Post #:** \_\_\_\_\_ **City, State:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Attending Members:**

Rider Name	Passenger	Email	Phone

*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) each \$ \_\_\_\_\_

Passenger (\$65) each \$ \_\_\_\_\_

Patches (\$10) each \$ \_\_\_\_\_

(Rockers are Included)

**TOTAL DUE:** \$ \_\_\_\_\_

Please list any comments or concerns here: