LITTLE RIDERS 2021 APPLICATION

Student's Name: _____

Parent's Name: _____

Student's Age_____ Date of Birth: _____

Address: _____

City_____ State _____ Zip:_____

Contact Phone: _____

Warning:
Students will be riding (Bikes) and driving 24volt cars. They will learn about electric car and bikes and play a little soccer. For students safety please bring a bike helmet. You will be required to sign a Medical and Liability Waiver form at registration for the camp.

Check one: (4 day camp)

July 12-15 camp_____ August 2-5 camp _____

Payment: $200 _____

Please send application and Check (JHDA)

JHDA Little Riders
P.O. Box 8458
Jackson Wy 83002