

# MICHIGAN RIDERS MEMORIAL APPLICATION FOR NAME PLACEMENT

Legal Name of the Deceased \_\_\_\_\_

Dates of Birth and Death \_\_\_\_\_

Description of the Deceased Riding History

Name, Phone number and the eMail of the Applicant

Name \_\_\_\_\_

Phone \_\_\_\_\_ eMail \_\_\_\_\_

Please understand that these guidelines must be observed:  
Only TWO lines, one with the Legal Name of the Deceased and  
one line with Birth & Death dates will be allowed.

MAIL THIS APPLICATION TO: Michigan Riders Memorial, Inc.  
C.O. Knights of the Road  
P.O. Box 182  
Fowlerville, MI 48836

We will contact you by phone or eMail after reviewing the application and  
inform you of the cost for Engraving.

\*checks payable to Michigan Riders Memorial, Inc.