

Signature of Parent or Guardian:

Print Name of Parent or Guardian _____

Signature _____ Date _____

Name of Minor: _____ Age of Minor: _____

For Questions Call: 586 932-7807

Mail to: Algonac Lions Club - P.O. Box 274 Algonac MI 48001

Website: www.algonaclions.org Facebook: Algonac Lions

HELMETS ARE MANDATORY! Water/Patch kit recommended!!