



QUARTER MILE CLUB PROGRAM APPLICATION FORM

Date: _____

Please Print:

Adopting Group/Individual: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Requested Road (Route Number, Location, Specific Portion):

1st Choice: _____

2nd Choice: _____

Expected Number of Participants: Adults: _____ **Minors:** _____

Name As It Is To Appear On Sign:

Return this form to:

*Upper Saucon Township
Attn: Administration
5500 Camp Meeting Road
Center Valley, PA 18034
610-282-1171*