MEET:	

PLACE: \_\_\_\_\_ DATE: \_\_\_\_

## O.H.W.T. / O.A.S.T.

Name One name per line, please print clearly.	Street Address City, State, ZIP	1st OHWT	<b>Bicycle</b> List manufacturer, size, and date of your bicycle.
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Signature of State Captain or Meet Chairman Page of Rev. 09-2017