



Knights of Life Motorcycle Club
New York



Request For Service Form

Date Of Function: _____

Type Of Function(Poker Run, Toy Run, Etc...) _____

Club/Organization Sponsoring Event: _____

Number of Bikes Expected: _____

Starting Location: _____

Notes: _____

Please mail any literature pertaining to the function:

Knights of Life
PO Box 1955
Kingston, NY 12401

Due to the volume of Rides per year, Request forms are taken on a first come first serve basis. We will try to participate in as many functions as we can.

The Knights of Life is a Volunteer Organization comprised of EMT's, Paramedic's, Nurses and persons trained in CPR/First Aid donating their time. Please accept our service in exchange for any fee or donation required for the event .

Organization Name: _____

Signature & Title: _____

Date : _____