



Child's Name: _____

Child's Age: _____



Child's Name: _____ **Child's Age:** _____

Parent /Guardian Name: _____

Parent /Guardian Address: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____



Parent/Guardian,

Please fill out the top portion and return it with your child's finished coloring contest entry. You will be contacted if your child wins the coloring contest. If you have any questions, please contact Krista Lutzick at klutzick@swbrailriders.com or 570-558-4616. Thank you!



235 Montage Mountain Road | Moosic, PA 18507 | P: (570) 969-2255 | F: (570) 963-6564 | W: swbrailriders.com

Triple-A Affiliate of the 