



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](mailto: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](http://swbrailriders.com)

Triple-A Affiliate of the NY