

UTAH EMERGENCY MEDICAL SERVICES FOR
CHILDREN AND
UTAH HIGHWAY SAFETY OFFICE
BICYCLE RODEO PROGRAM
Event Confirmation Reservation Form



Agency/Group: _____

Contact Name: _____

Phone#: _____

Fax# _____

Email: _____

Date of Rodeo: _____

Date/Time of Trailer Pick-up: _____

Date/Time of Trailer Return: _____

If available, would you like the trailer to be equipped with helmets to give away at your event?

Yes

No

Email completed form to: Katherine Hemphill
khemphill@utah.gov