



Rider Representative Application

Date _____

Name _____

Residence

Address _____

Phone _____ E-mail _____

How do you feel TRAIL would benefit from your involvement on the Board?

Please tell us anything else you would like to share.

Thank you for applying! Mail or email completed application:

TRAIL
Attn: Michelle Veith
574 Prairie Center Drive
Suite 135-274
Eden Prairie, MN

www.ridetrial.org
612.401.6395