

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: khemphill@utah.gov

Or

Fax completed form to: Katherine Hemphill at
385-465-6038