

Equipment Release Form
Snowmobile North Dakota Trail Program
1600 E Century Avenue, Suite 3
Bismarck, ND 58503-0649
701-328-5377

Date _____ Trail Association _____

Club _____

Equipment

1. Year: _____ Make: _____ Model#: _____

Serial# _____ Mileage / Hours: _____

2. Year: _____ Make: _____ Model#: _____

Serial# _____ Mileage / Hours: _____

Heavy Duty Tie Downs: _____ Light Duty Tie Downs: _____

Trailer (Year, Make, Model): _____

Serial#: _____ Ramp: _____

Trailer Jack: _____ Spare Tires: _____

Other:

Contact Person:

Equipment Location:

Name _____

Location _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Telephone _____

Telephone _____

Signature _____ Print Name _____

(Contact Person)

Signature _____

(Person Who Releases Equipment)