

FREAK BROTHER APPLICATION

FB# ASSIGNED

Name: _____

Address: _____

City: _____ State: _____ zip: _____

**** To qualify there must be 75% Freak Brothers on the load. ****

I certify that I qualified for my Freak Brother Number at

_____ on _____

_____ Year _____ and the following Freak Brothers were on the load:

| | <u>Name</u> | <u>FB#</u> |
|-----|-------------|------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |

Send completed forms to - Norge Roi

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CHICAGO, IL 60652

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