



Department of Pennsylvania

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## Ride Information Sheet

*Post/Chapter:* \_\_\_\_\_

*Date of Ride:* \_\_\_\_\_

*Ride Name:* \_\_\_\_\_

*Brief Description of*

*Ride:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Number of Riders That Attended:* \_\_\_\_\_

*Name of Person Submitting This Form:*

\_\_\_\_\_

*Contact Number:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_