



RIDE PROPOSAL FORM

Enter information in shaded fields.

Ride Date: _____

Ride Title: _____

Day of Week: _____

Miles: _____

Start Time: _____

Start Location: _____

Ride Leader: _____

Telephone No.: _____

Pace: Easy (under 10 mph) Leisurely (10-12 mph) Social (12-14 mph)
 Moderate (14-16 mph) Brisk (16-18 mph) Strenuous (18-21 mph)

Terrain Mostly flat Rolling Some hills Hilly
(Check (x) your selection)

Map (Check (x) your selection): Yes No

Regroup: Occasional Frequent Stay-together
(Check (x) your selection)

Description/Additional Information:

Email to rides@tricitybicycleclub.org or mail to:

Tri-City Bicycle Club
PO Box 465
Richland, WA 99352-0465

This form should be received by the 20th day of the month